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New York

President: Mr. Holkeri ..... (Finland)

The meeting was called to order at 9 a.m.

Agenda item 7 (*continued*)

Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects

The President: The Assembly will now hear a statement by His Excellency Mr. Benjamin William Mkapa, President of the United Republic of Tanzania.

President Mkapa: Of all the human rights, the most basic is the right to life, a life in dignity. Never in Africa has this most basic of all rights been under greater siege than it is now. But the HIV/AIDS pandemic is a global crisis. Combined with tuberculosis and malaria, it is threatening the very existence of certain groups of the human race, testing our common humanity to the limit and challenging the content and integrity of our civilization.

The fact that most of the heads of State and Government attending this special session are from developing countries is a testament to the obvious — that it is we who are most affected; that it is we who must lead the way; that it is we who need the greatest international support; and that it is we who dare to hope that this special session will produce not only a declaration but also practical commitments of urgent support.

Of the 36 million HIV-infected people worldwide, 70 per cent are in sub-Saharan Africa; of the 22 million people who have died, 77 per cent were from sub-Saharan Africa; of the 13.2 million HIV/AIDS orphans worldwide, 92 per cent are from Africa. "Cry, the Beloved Country", wrote Alan Paton. And I lament, "Cry, the Beloved Continent". But crying is not enough. For, these are alarming statistics, and behind them are real human beings — flesh, blood and bones — widowed men and women, orphans who cannot go to school; employers who are losing their best men and women; and nations watching as years of socio-economic progress melts away.

Africa today is the most HIV-stricken region in the world, but no corner of this world is safe. Countering the spread of HIV/AIDS is also in the long-term interest of the present and future generations of those that today consider the pandemic too distant a threat. For in a globalizing world in which distances are shrinking and contacts are multiplying exponentially, the impact on rich, developed countries is inescapable, and their prosperity is bound to be affected by the economic decline and pervasive poverty that HIV/AIDS, if unchecked, will unleash. As a proverb from East Africa says, "If a dead tree falls, it carries with it a live one".

We acknowledge that the primary responsibility in the war on HIV/AIDS rests with each country, and we are here to commit ourselves before the world to do our part. The Abuja Declaration and several other initiatives already taken, articulate our commitment — namely, that our national Governments will take on leadership, assume ownership and increase HIV

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budgets. They will work to raise awareness and shun all cultural inhibitions, shame and stigma. They will openly promote behavioural change, including through legislation and protection of vulnerable groups. They will promulgate poverty reduction strategies and programmes. They will develop strategies to promote prevention and to ensure effective and efficient treatment of sexually transmitted diseases, the testing and counselling of pregnant women, the prevention of mother-to-child viral transmission and the treatment of opportunistic infections. They will discharge their responsibility for, and will lend support to, community-based management of the well-being of orphans. And they will more seriously address conflicts, which are a major factor in increasing poverty and HIV infection.

We in Africa have demonstrated political will and resolve towards such a holistic approach and strategy. This year alone we have done so at the Southern African Development Community Health Ministers Conference in Gaborone in April; at the African Summit on HIV/AIDS, Tuberculosis, Malaria and other Infectious Diseases in Abuja, in April; at the pre-World Health Assembly Meeting of Commonwealth Ministers of Health in Geneva, in May; at the Eastern and Southern Africa Regional Meeting on Advocacy for Action on Stigma and HIV/AIDS in Africa in Dar es Salaam, in June; and we will renew these pledges at the Lusaka Organization of African Unity summit next month.

It is one thing for Africa to assume leadership and ownership of this holistic and integrated approach, and quite another to get it operational and produce results, for the cost of implementation is patently prohibitive and overwhelming. For a country like Tanzania, even developing the national capacity to effectively and efficiently treat all sexually transmitted diseases, tuberculosis, malaria and opportunistic infections on our own is impossible; so is the prospect of building the national capacity for blood screening, for widespread HIV testing and counselling, for measuring viral loads in patients, for the infrastructure to deliver and monitor the dispensation of antiretroviral drugs and, finally, for meeting the cost of the antiretroviral drugs themselves. We thank those pharmaceutical companies that have agreed to offer the drugs at cost. But for Tanzania, where half of the people live on less than $1 a day, drugs that cost $1 a day remain only a dream for most of the victims.

This special session should therefore not only make an eloquent call for help and partnership, but also determine the form it should take. First of all is the global fund, and here I thank the Secretary-General, Mr. Kofi Annan, and Dr. Peter Piot for initiating and championing it. I thank those that have already made or promised contributions, and I call for more contributions to restore life.

Secondly, the least developed countries should be accorded total debt forgiveness, on the understanding that considerable sums will be directed towards combating HIV/AIDS. Thirdly, pharmaceutical companies do not really make most of their profit in least developed countries, so they should lower the price of the antiretroviral drugs further. We ask developed countries to agree to a mechanism whereby they can absorb the genuine losses to the pharmaceutical companies.

Fourthly, we need support for our State-sponsored research into traditional medicines for the treatment of opportunistic infections, for enhancing the immune system and for the treatment of other infectious diseases. Fifthly, we ask for support in our efforts to resolve regional conflicts and to implement negotiated peace accords.

The world has never faced a greater threat to the human race — not even during the World Wars. In what we agree to do, or not to do, we are defining and redefining the content and limits of our humanity, and the arbiter will be the future for those who will remain to tell the story.

There are those who say cheap drugs are not a priority for Africa. We do not think they are a panacea, but we say they are important. Every life they extend is as important in Africa as a life in rich countries. With every baby that is saved from being infected by its mother, we are building the foundation of the future of our continent. As of now, only one out of 2,500 HIV-positive Africans is on antiretroviral drug therapy. The rest are left to die.

Then there are those who accuse the Secretary-General, Mr. Kofi Annan, of raising unrealistic expectations. To us, that is not the problem. The real problem is lack of political will among some of the rich countries and corporations. If rich countries can spend over $300 billion a year to subsidize agriculture, which accounts for less than 10 per cent of their gross domestic product, and if they could spend over $100

billion on Y2K, they can surely spare $10 billion for the global fund to save and prolong the lives of tens of millions of poor people. The Bill and Melinda Gates Foundation, thankfully, had the will to contribute $100 million.

No, the Secretary-General is not raising unrealistic expectations; he is only asking the world to do what is in its collective power to achieve in partnership, in human solidarity.

The future of Africa depends on its people, including its young people, who are its most important resource. And today, it is this very resource that is under the greatest unprecedented threat. Under such circumstances, where does one draw the line between what is realistic and what is not? Tempered by the realization that it is the survival of humankind which is veritably at stake, no expectation can ever seem unrealistic, no river too wide to cross, no depths too deep to fathom and no heights too high to reach.

Hannibal, one of the greatest military strategists of ancient times, said, "We must either find a way, or make one". In the war on HIV/AIDS, we, too, must find a way or make one. For as the HIV/AIDS death toll mounts, we should not ask for whom the bell tolls; it tolls for all of us.

The President: The Assembly will now hear a statement by His Excellency Mr. Bertie Ahern, Prime Minister of Ireland.

Mr. Ahern (Ireland): I have come to this General Assembly special session on HIV/AIDS to pledge Ireland's support for a comprehensive global partnership to fight the global HIV/AIDS emergency. I have come to lend my voice to the call for a dramatic increase in international support for people with HIV/AIDS. As part of that effort, I wish to announce that Ireland will spend an additional $30 million per year directly on helping the poorest of the poor in the fight against AIDS.

I believe that this conference can be a real milestone in the battle against HIV/AIDS. It can bring the needs and aspirations of people suffering from HIV/AIDS to the centre of global attention. We have a Secretary-General who has led the global response, and I agree with him that leadership is the single most important factor in reversing the epidemic. The Member States must match his determination to reach out to people in communities devastated and isolated by this epidemic.

The scale of the HIV/AIDS emergency is truly unprecedented. Thirty-six million people now suffer from it, and 25 million of these live in Africa. The epidemic has claimed more victims than any conflict since the Second World War. It undermines families, communities, States; it erodes development at all levels.

This special session of the General Assembly must be the beginning of a new, more global and urgent response. Going forward, I believe we must remain focused on three core issues: the fight against poverty, prevention and care, and framing a coherent, more generous approach to debt relief and development aid. I believe that HIV/AIDS is a symptom and a cause of poverty and global inequality. I am convinced that to combat AIDS we must accelerate and strengthen global efforts to eradicate extreme poverty. We will not win the fight against HIV/AIDS without improved international terms of trade, an end to the impossible debt burden on poor countries, increased development aid and the achievement of the international development targets.

In common with many other political leaders here, I have had to face up to the uncomfortable facts about the spread of the disease. My Government has targeted prevention campaigns at vulnerable groups, and cases of HIV infection are now rising among heterosexuals. These trends deeply concern me. They show the absolute importance of sustained public education about prevention and protection. In Ireland we continue to work to overcome the forces of denial, prejudice and fear. I am sure that many others in this Hall are also struggling to push forward prevention campaigns in accordance with their traditions and cultures. This is not easy work, but it is vital in order to save millions of young lives.

The ideal way to stop the spread of AIDS would be a vaccine. I support the research of the International Aids Vaccine Initiative to develop an effective vaccine against HIV.

The debate on access to medicine must be placed in the wider context of access to care. Governments, development agencies, the private sector and broader civil society must all work together to overcome the obstacles to providing care for the infected.

We must also work at very basic levels to support widows, orphans, the elderly and other family members who have shown dignity and courage in their support for those with AIDS. Many of the costs of care fall on them. Their need for support is immediate. They cannot wait. I welcome the participation of the pharmaceutical industry in the dialogue about providing antiretroviral and other medicines to people infected with HIV/AIDS. The cooperation of the industry is crucial if we are to arrive at a system that will end the global divide on access to medicines. Poor people everywhere have a right to life-saving medicines. We strongly support the efforts of the European Community to secure international agreement on a system of tiered pricing.

Our response to the AIDS virus will fail without substantial additional resources. I believe that we must reverse the decline in development aid and renew our efforts to reach the United Nations target of spending of 0.7 per cent of our gross national product (GNP) on official development assistance (ODA). I believe that this should be a key issue at next year's Conference on Financing for Development. A sustained global effort to reach the United Nations ODA target would release enough resources to fight poverty and to tackle the global aid crisis. What is needed, and needed now, is money and political will and vision to build a fairer world order.

At the Millennium Summit I committed Ireland to reaching the United Nations ODA target by 2007, and an interim target of 0.45 per cent of GNP by the end of next year. We will meet this commitment. Next year our development budget will increase by over $100 million. Ireland would spend at least $30 million per year on these additional funds and HIV/AIDS programmes. My primary concern is to ensure that this extra money reaches the communities that are most affected. We will channel funding to ensure efficient and effective delivery and impact at the country and local levels. We will support the new global fund for health and HIV/AIDS, non-governmental organizations and international bodies that are playing a crucial role in all sectors in the fight against the disease.

I firmly believe that the devastating human, social and economic impact of HIV/AIDS needs to be taken into account when assessing debt relief. I believe that lending to poor countries for national HIV/AIDS programmes while at the same time receiving interest on old an clearly unserviceable debts is not coherent. If another enhancement of the Heavily Indebted Poor Countries Initiative is required, Ireland will not object. If this means that countries with high prevalence rates of HIV/AIDS should receive debt cancellation, Ireland will agree.

Finally, I want to recall and pay tribute to the short life of Nkosi Johnson, who lived and most recently died with HIV/AIDS. For many he represented the human face of this disease, and his passing saddened the world community. His legacy is to remind us that each of the 36 million living with HIV/AIDS is unique, is part of our human family, and has a right to live with dignity and respect. I can assure you that as Prime Minister of Ireland, I am fully committed to the global fight against this disease. The Irish Government, on behalf of the Irish people, will substantially contribute to the implementation of the commitments outlined in the declaration which this special session will adopt.

In his address at the close of the international HIV/AIDS conference in Durban last year, Nelson Mandela said that the time for action is now, right now. Let us heed that call and act now in partnership to prevent and stop HIV/AIDS.

The President: I give the floor to His Excellency Ibraimov Osmonakyn, State Secretary of the Kyrgyz Republic.

Mr. Osmonakyn (Kyrgyzstan): On behalf of the President and the Government of the Kyrgyz Republic, let me express deep appreciation for the organization and holding of this high forum.

Due to its geographical position, the Kyrgyz Republic stands as one of the main drug-trafficking routes of Central Asia. Therefore, a substantial amount of heroin is concentrated in the country. This has brought the spread of HIV infection among injecting drug users. As a result, a threat looms over the population of our country.

Kyrgyzstan remains a country with a low incidence of AIDS. There are about 150 cases. However, the situation is changing. In the last four months, the number of HIV cases has increased three and a half-fold in the Republic and 15-fold in the southern part of the country. According to an expert assessment, approximately 9,000 drug addicts may be infected by the end of 2001 in the country's two largest

cities, without efficient measures to control the epidemic.

The leadership of the country is quite concerned about the HIV/AIDS problem. The country has developed a national policy on the HIV/AIDS issue based on a multisectoral approach. Targeted interventions among the groups of the population vulnerable to AIDS are being carried out, and public support for prevention programmes has been established.

The HIV/AIDS prevention project developed and implemented by the United Nations Development Fund (UNDP) in the Kyrgyz Republic, jointly with the Government and UNAIDS, ensures, on a significant scale, the implementation of the national programme on HIV and sexually transmitted diseases. It should be noted that despite the economic difficulties, the Kyrgyz Government has invested $100,000 for support of that project.

The United Nations Theme Group on HIV/AIDS, presided over by the UNDP Resident Representative, coordinates the activities of all United Nations agencies, donors and non-governmental and governmental organizations to counteract the spread of AIDS in the Kyrgyz Republic.

The active work of UNDP, the United Nations Population Fund and UNAIDS — all targeted at prevention programmes in the Kyrgyz Republic — has enabled the mobilization of additional resources from country donors and other international organizations for comprehensive and sustainable AIDS prevention.

On-site analysis, as well as assessment by international experts, shows the presence of satisfactory planning in the country and an adequate national policy. However, most of the problems — primarily financing, legislation improvement, a reasonable policy towards high-risk groups and the further development of prevention programmes among vulnerable groups, youth and school students — remain unresolved.

In this regard, on the basis of the existing situation, in order to provide in-depth response and analysis and carry out the actual implementation of prevention programmes, the National Strategic Programme on HIV/AIDS in the Kyrgyz Republic was developed. We anticipate the concentration of efforts in priority areas, reflecting both the current situation and the limited financial resources available. The vulnerable groups needing the most intervention are, first youth; secondly, intravenous drug users; and thirdly, commercial sex workers.

At the same time, the lack of sufficient funds in the country for the proper financing of AIDS programmes could bring our continuing efforts to a halt, and our previous gains against the HIV/AIDS epidemic could be lost.

Only the first steps for HIV-prevention among vulnerable groups were implemented during the implementation of the 1996-2000 National Programme. Today, we provide information and skills to people, and we can also ensure sustained safe behaviour. Much has been accomplished within the framework of the National Programme, but there is still much to be done.

The programme developed for the coming period calls for the mobilization of efforts of State structures and international and non-governmental organizations in order to implement the priorities. This provides greater efficiency to the implemented programmes with minimal cost. Further support of AIDS prevention programmes in the Kyrgyz Republic helps not only to substantially decrease the spread of HIV infection in the Kyrgyz Republic, but also to create an AIDS prevention model for other countries.

Today, Central Asia has a unique opportunity to curb the wide spread of AIDS in the region through active preventive programmes, implementing accumulated international experience. This will be promoted by realization of the Declaration of Central Asian States, which was adopted by consensus by the plenipotentiaries of five countries in June 2001 in Almaty, Kazakhstan, at the conference dedicated to the preparations for the special session of the General Assembly, and which was approved in seven countries in June 2001.

The Declaration reflects the priority issues, taking into account regional particularities, as presented in the report of the Secretary-General and in the draft declaration of the General Assembly. Acknowledging HIV/AIDS as a global emergency for the countries of Central Asia, which are at the threshold of a large-scale epidemic, the Governments of these countries are committed to escalating the national response to HIV/AIDS in order to prevent the HIV/AIDS epidemic.

For this endeavour, a legal, policy and cultural environment will be created. Political and social obligations will be undertaken to provide the following priority areas of HIV/AIDS activities: HIV prevention among intravenous drug users, prevention and treatment for sexually transmitted diseases, the promotion of young people's health and meeting the HIV/AIDS challenge through partnership.

The bitter experience of Africa, the unbearable financial and emotional burden involved in treating AIDS patients and the severe social consequences serve as a striking warning for all countries with a low rate of HIV transmission. This speaks to the necessity for a timely development of preventive programmes. Efficient and effective intervention will promote localization and will decrease the growth rate of the HIV/AIDS epidemic.

In this regard, UNAIDS and co-sponsor organizations and country donors, jointly with the Governments, should expand prevention programmes in the countries of Eastern Europe and Central Asia.

The President: The Assembly will now hear a statement by Her Excellency Mrs. Isatou Njie-Saidy, Vice-President of the Republic of the Gambia.

Mrs. Njie-Saidy (Gambia): Let me begin by expressing my delegation's appreciation, Mr. President, for the professional manner in which you have been guiding our deliberations. I am sure that under your able stewardship this special session will be crowned with success. Similarly, my delegation would like to commend the Secretary-General Kofi Annan and his able team for his important report and, indeed, for his overall commitment to the fight against HIV/AIDS.

It is with great pleasure and a great sense of urgency that I accept this invitation to participate in this special session on HIV/AIDS, on behalf of Mr. Yahya A. J. J. Jammeh, President of the Republic of the Gambia.

The importance and relevance of our topic of discussion, HIV/AIDS, cannot be overemphasized. This special session is most timely. In fact, it is long overdue.

The HIV/AIDS crisis, we all agree, is a huge public health and development problem. The AIDS virus is the single most significant threat to the very survival of humankind. The worrisome data from the Joint United Nations Programme on HIV/AIDS (UNAIDS) underscores the magnitude and global nature of the AIDS crisis, especially for those of us in sub-Saharan Africa.

It is most depressing, yet true, that about half of all people who become infected with HIV do so at a very young age, before they reach the age of 25, and die of AIDS before their thirty-fifth birthday. This age factor makes HIV/AIDS a most urgent problem for all nations.

Countries such as ours still have a window of opportunity, but it grows smaller each day. It is in this context, therefore, that the special session is timely and relevant, and provides the required framework for reflection on our efforts at the global, regional and national levels.

HIV/AIDS issues are adequately addressed, we no doubt agree, in a host of national policy documents, especially for those of us from the Gambia. I will mention a few of those documents: the National Health Policy and Programme, the National Population Policy, the National Youth Policy and Programme, the Policy for the Advancement of Gambian Women and the National Poverty Alleviation Programme, among others.

In order to scale up the national response to the HIV/AIDS pandemic, the Government of the Gambia, in collaboration with the World Bank and other partners in development, developed the HIV/AIDS Rapid Response Project (HARRP). For example, a $15 million credit agreement was signed with the International Development Association (IDA) of the World Bank Group to implement the HIV/AIDS project over the next four years. It is designed to address various issues related to HIV/AIDS through the appropriate State departments, working closely with civil society organizations. HARRP is an expanded multisectoral and multidisciplinary project to respond to the HIV/AIDS pandemic.

With a view to strengthening coordination, strategy planning and capacity-building, a National HIV/AIDS Council (NAC) has been established under the Office of the President. The President of the Republic is the Chairman of the Council. Council members are representatives of civil society and the Government in equal numbers. In addition, a National AIDS Secretariat has also been established to support the Council in its operations.

In the same vein, at the divisional and municipal levels, HIV/AIDS committees will be established.

The Health for Peace Initiative proposed by my Government was launched in Dakar, Senegal last November. This initiative was about enhancing partnerships and peace in our subregion through the promotion of health and the prevention of epidemics. Our initiative, which is the first of its kind in our subregion, focuses on, among other things, the eradication of polio; the improvement of vaccination programmes, particularly for the prevention of childhood illnesses; the prevention and control of HIV/AIDS, other sexually transmitted infections and malaria; epidemic disease surveillance; and finally, disaster preparedness.

With regard to the World Bank credit I referred to earlier, we in the Gambia consider it a positive investment in the future. Initiatives such as the Gambia's HIV/AIDS Rapid Response Project will stop the further spread of HIV/AIDS, thus contributing positively to our development efforts as a country.

However, in the spirit of calls for debt cancellation, I will join previous speakers in saying that debt cancellation is also necessary in order for us to mobilize resources for HIV/AIDS prevention. Therefore, let me add my voice to the many voices from other developing countries and Governments, as well as the voices of members of civil society, in calling for loans, such as the one under the World Bank's Multi-Country HIV/AIDS Programme for Africa (MAP), to be converted into grants as much as possible.

The Highly Indebted Poor Countries Initiatives should also be accelerated to free up important resources to fight HIV/AIDS. Any delays will inevitably result in a more acute incapacity to respond to the epidemic and will lead to devastation. Likewise, we strongly urge the developed countries concerned to meet their obligations, particularly the target of 0.7 per cent of gross national product (GNP) official development assistance as well as to allocate 0.15 per cent to 0.20 per cent of GNP for the least developed countries as a matter of extreme urgency, bearing in mind the serious impact of HIV/AIDS in these countries.

While there may be a need internationally for continued support from all levels of leadership, including the presidency and legislature, heads of national and local institutions, and youth and religious organizations, there is also a need to actively involve people living with HIV/AIDS in the fight against this serious pandemic. However, their involvement is seriously handicapped by their lack of access to affordable prevention technologies, such as vaccines and microbicides. Thus, we must, as a global family, agree to provide the drugs and the support necessary to enhance their participation in our preventive efforts.

While I am confident that this special session will be crowned with success, I implore all of us to approach the problem with added candour and openness. Let us highlight all the concerns, build bridges and form the necessary alliances in order to find a way forward in our henceforth invigorated, joint fight against HIV/AIDS.

We have a good understanding of the nature of the epidemic. What we need to do now is combat it and reduce its negative impact on development. What remains to accomplish is a concerted international effort to win the victory once and for all.

The President: The Assembly will now hear a statement by His Excellency Mr. Arturo Vallarino, Vice-President of the Republic of Panama.

Mr. Vallarino (Panama) (*spoke in Spanish*): Preceding speakers have provided a wide-ranging analysis of the key effects of the spread of the HIV/AIDS pandemic, especially their social, economic and demographic aspects. There is therefore no need to enumerate them once again. We all agree that this disease does not respect national boundaries and that its spread is not limited to particular social groups. It is everywhere, and it affects all segments of society. In his 16 February 2001 report (A/55/779), the Secretary-General laid special stress on one consequence of HIV/AIDS that should be of concern to all: the danger of a breakdown of social cohesion and of social and political instability, resulting from the inability of States to deal with the disease through preventive measures, treatment, proper education and genuine human solidarity.

Over time, we have been moving ever closer to highly explosive situations, most of which are attributable to a lack of the human and economic resources without which no serious programme can be viable. In our view, State action in this sphere must be paralleled with a social contract defining the rights and duties of citizens — whether or not they are directly

affected by HIV/AIDS, because this is an evil that indiscriminately affects society as a whole.

Treatment for the disease is a true human right. And no less true is the obligation of all people to prevent its spread. The watchword today is to stop the advance of HIV/AIDS. We must of necessity start educating people from a very early age, so as to be able ultimately to eradicate this scourge.

In his statement yesterday the Prime Minister of Saint Kitts and Nevis described the alarming situation in the Caribbean, reporting tragically high numbers of adults and children infected by the virus in that region. He reported that 70 per cent of the AIDS cases are in persons between the ages of 15 and 44 and 50 per cent in persons between the ages of 25 to 34. We believe that the situation in the Caribbean is the same as has been reported elsewhere. That would suggest that there are patterns of behaviour that must be controlled through education from the very earliest possible age.

The population of the Republic of Panama too is affected by HIV/AIDS at unsatisfactorily high rates that demand speedy, sustained action. This is the ninth most common cause of death in my country. The Government has gained experience, and has scored successes in a number of areas, such as: the inclusion of infected individuals in development strategies and policies; the improvement of social services for sufferers; and the formulation of public health policies that promote a comprehensive approach including research, prevention, education, treatment and psychological support. In January 2000, we declared AIDS to be a State problem and a matter affecting the national interest. We recently adopted a framework law to address the epidemic, and we have begun to implement a national programme to combat HIV/AIDS.

But we believe that the key to future success lies in two specific areas. The first is to make citizens aware of the need to address this calamity responsibly and in a spirit of solidarity. It must be stressed that no one can shirk his or her economic and social responsibility in the fight against HIV/AIDS. The second is to engage in community planning at the local and regional levels in order to prevent HIV/AIDS and other sexually transmitted diseases.

The task is easier in more advanced countries, thanks to the availability of financial resources. Obviously, immense investment is needed to promote effective cooperation among national and local authorities, health services, schools, religious groups, specialists in human behavioural sciences and, of course, high-risk sectors of the population.

The proposed global fund for HIV/AIDS would foster progress in projects related to this problem. But we agree with other speakers that it is necessary for the fund to use non-exclusionary criteria ensuring that funds would be allocated in a fair way. In the meantime, we consider that every country should promote the concept of reciprocal social responsibility; that should improve domestic sources of financing for dealing with this terrible scourge.

In UNAIDS and other agencies, the United Nations already possesses the ideal tools to support both national and international efforts to eradicate HIV/AIDS. We must coordinate every aspect of those efforts, and not ignore even a single element of cooperation that can enhance our efforts. That joint effort will reaffirm our collective determination to eradicate this evil while respecting the most cherished rights of those who suffer from the disease, and to educate our children and young people to support the future development of mankind.

The President: I give the floor next to His Excellency Mr. Hong Sun Huot, Senior Minister of Health of Cambodia.

Mr. Hong (Cambodia): First of all, on behalf of the Royal Government of Cambodia, I am very pleased to extend my congratulations to you, Sir, on your unanimous election as President of the General Assembly at its twenty-sixth special session, on HIV/AIDS. It is indeed a great honour for me and my delegation to address this special session, particularly as AIDS has struck our country hard at a time when we were just recovering from many years of conflict.

HIV was first diagnosed in Cambodia in 1991. Since then, Cambodia has experienced a rapid rise in the overall number of HIV infections. Although the estimated prevalence among adults has shown a steady decline, from 3.9 per cent in 1997 to 2.8 per cent in 2000, it is now estimated that there are 169,000 people living with HIV/AIDS in Cambodia.

HIV/AIDS is now becoming a national issue in Cambodia, where leadership can be found at every level. At the national level there is strong support from His Majesty the King and Her Majesty the Queen to

raise the awareness of our people so as to reduce the stigmatization of the population living with HIV/AIDS.

Currently HIV/AIDS legislation is under review by the National Assembly. The proposed law will protect the rights of people living with or suspected of being infected with HIV. The Royal Government of Cambodia supports legal protection for and the human rights of Cambodians living with HIV/AIDS.

HIV/AIDS is receiving priority attention from the Royal Government of Cambodia, from civil society and from other partners. A continuing political commitment to HIV/AIDS has been demonstrated by our Prime Minister, ministers, provincial governors and local leaders. The National AIDS Authority of Cambodia was established in 1999 as the secretariat for the response of the Royal Government of Cambodia to HIV/AIDS. The Authority is working with more than 15 Government ministries and other partners to expand the response to all corners of the country. This multisectoral approach provides a much larger opportunity to make use of potential resources from inside and outside the country.

At the community level, we empower people to be actively involved in the response to HIV/AIDS. We have included affected communities — particularly of people living with HIV/AIDS — as well as members of civil society and, increasingly, the corporate sector — in our planning and implementation processes.

Since Cambodia is now considering HIV/AIDS as a development issue, a new approach to dealing with the epidemic has been undertaken. This approach is people-centred and gender-sensitive and focuses on social and moral resources. The national response in Cambodia is also committed to addressing factors that increase people's vulnerability to HIV infection — issues such as poverty, illiteracy, gender inequality and the abuse of women.

To ensure that there is a greater national response to AIDS, we have also included HIV/AIDS in our social and economic development plan and are committed to its inclusion in the poverty-reduction strategy paper. However, sustained leadership and further resources are required to ensure that the national and international efforts meet the country's continuing and growing needs.

Cambodia is in urgent need of resources and capacity development so that Government ministries, provincial authorities, non-governmental organizations and the private sector can effectively respond to the HIV/AIDS epidemic as defined in the national strategic plan.

The main thrust of our prevention efforts has focused on reaching the most vulnerable populations — such as sex workers, their clients and the mobile sector of the population. In addition, we will intensify activities to raise the awareness of the general population. Education, providing skills, providing access to condoms, treating young people — especially young women — who have sexually transmitted infections and, particularly, providing primary education for all girls and women will remain priorities.

Our next goal is to provide care to those who are already infected. We expect that up to 200,000 Cambodians with AIDS will seek treatment within our health system in the next five to 10 years. Our care mechanisms will need to be expanded and strengthened to meet these new demands. Drugs to treat opportunistic infections and antiretrovirals must be made affordable and accessible to all. I appeal to the United Nations and other countries to support our efforts to improve quality of life for Cambodians living with HIV/AIDS.

The burden of caring for people living with HIV/AIDS and their orphans will place significant stress on extended families and communities over the coming years. So community support systems will need to be strengthened.

The Royal Government of Cambodia fully supports the initiatives and efforts of the Secretary-General to establish a global fund to fight HIV/AIDS. We believe that this fund should be provided with ample resources and that it must be responsive to the needs of developing countries and of people living with and affected by HIV/AIDS.

The Royal Government of Cambodia endorses the global declaration of commitment on HIV/AIDS, and is mindful of the commitments made at previous major conferences and forums regarding this pandemic, particularly the United Nations Millennium Declaration of 8 September 2000.

In conclusion, Cambodia appears to be making strong headway in addressing the HIV epidemic. The results of the latest sentinel HIV surveillance suggest a

plateauing, if not a decrease, in the prevalence of HIV. We welcome these results with cautious optimism, and we express our full appreciation to the donors that have been so generous in supporting our HIV/AIDS efforts.

There is no room for complacency. Our efforts to combat AIDS not only must continue, but indeed must expand if we are to maintain this positive trend and obtain the means of ensuring that the rights of the people of Cambodia are fully realized.

The President: I now give the floor to His Excellency Mr. Bruno Amoussou, Senior Minister in Charge of Coordination of Government Action, Planning and Development of Benin.

Mr. Amoussou (Benin) (*spoke in French*): It is an honour and a privilege for me to participate in this special session of the General Assembly devoted to the struggle against HIV/AIDS. Benin welcomed the decision of the United Nations to hold a special session on the HIV/AIDS pandemic, and it places great hope in the holding of these meetings.

I would like here to congratulate, on behalf of the people and the Government of Benin, the Secretary-General, Mr. Kofi Annan, and pay vigorous tribute to him for the actions he has undertaken to mobilize the international community to halt this scourge that is threatening the equilibrium of our societies. Allow me also to salute the remarkable contribution of Ambassador Penny Wensley of Australia and Ambassador Ibra Deguène Ka of Senegal for the patience and commitment with which they conducted the work on the drafting of the declaration of commitment in the fight against AIDS.

Mr. Kafando (Burkina Faso), Vice-President, took the Chair.

The population of my country, the Republic of Benin, is estimated at 6.2 million inhabitants. It had its first recorded case of infection in 1985. Unfortunately, the rate of infection rose tenfold in 10 years, from 0.36 per cent in 1990 to 4.1 per cent in 2000. The epidemic is affecting the active sector of the population, essentially young people. This situation is alarming because the HIV/AIDS pandemic has an impact on productive activities and health-care expenses, and also because it tears apart the social fabric. It also compromises the achievement of development objectives, thereby increasing poverty.

These considerations have led Benin to develop a national strategy for the fight against HIV/AIDS and sexually transmitted diseases. That strategy covers the period 2001 to 2005 and takes into account the actions undertaken in previous years and sets out the general direction of future programmes. It is also an essential component of our development and poverty eradication strategy. Its objective, of course, is to achieve better involvement of Government bodies, political leaders, religious and traditional leaders, civil society and persons living with HIV/AIDS in the national coordination framework. That framework is represented by the National Committee for the struggle against HIV/AIDS.

As the Assembly is aware, an examination of the development of the pandemic on the African continent clearly reveals that this pandemic cannot be overcome through isolated actions by individual countries. The development of communications and, unfortunately, regional conflicts have accelerated population movements, both voluntary and forced. It is this reality that prompted African leaders meeting at Abuja, Nigeria, not only to act, but to act together. There is common political will on the continent today to give this struggle the attention it deserves. Furthermore, it is of the utmost importance that the international community make both a commitment to support national programmes in the battle against HIV/AIDS and to give high priority to regional programmes capable of following the development of the pandemic in Africa.

The implementation of all these actions requires effective logistical support and adequate financial resources to sustain national and regional efforts to mobilize the population. Benin, as the Assembly is aware, is on the list of least developed countries and would not have been able to develop a national response to contain the scourge of AIDS without the major, and appreciated, support of its development partners. I wish, from this rostrum, to discharge the pleasant duty of expressing my country's gratitude to all who have agreed to accompany us in the struggle against HIV/AIDS, malaria and tuberculosis. The time allotted to me have does not permit me to thank everyone, but I would like to make special mention of UNAIDS and its Executive Director, Dr. Peter Piot, for the attention they have given our concerns.

I would also like to take this opportunity to reiterate the commitment Benin made at Abuja, along

with other African countries, to devote 15 per cent of its national budget to the health sector. It is within this framework that, in an effort to increase national resources devoted to the struggle against HIV/AIDS, Benin has decided to utilize to that end part of the resources freed up as a result of debt relief, and to encourage the establishment of a solidarity fund involving the private sector. Additional resources amounting to about $3 million have also been earmarked for the 2001 activities against HIV/AIDS.

These initiatives remain modest relative to the resources needed for effective action. It is for this reason that Benin welcomes the Secretary-General's initiative to create a global fund to support activities to bring an end to this scourge, which threatens all regions of the world, particularly the poorest — whose development and very existence are jeopardized by the epidemic. Benin hopes that the fund will be financed through additional resources and not through a reassignment of credit that has already been earmarked for official development assistance.

I sincerely hope that our work, and specifically the draft declaration of commitment we are to adopt, will strengthen all our efforts and mobilize greater support for the establishment of the global fund. The people of Africa expect a great deal from this special session. It is solely up to us to see to it that the end of this session, our session, does not correspond with the end of the hopes for life of millions of human beings.

The Acting President (*spoke in French*): I now call on His Excellency Mr. Ismail Sallam, Minister of Health and Population of Egypt.

Mr. Sallam (Egypt): It gives me great pleasure to be here at this historic gathering, as HIV/AIDS represents a major threat to all of us. We hope this session will bring the whole world together in an initiative to define our goals and to solidify our efforts against this disease.

We are indebted to those who made this session possible, and we are grateful for the efforts that have been made to raise awareness on this serious disease. The Abuja Summit held last April, which was headed by President Obasanjo, certainly paved the way to mobilize efforts all over the world.

It is true that poverty, bad socio-economic conditions and lack of education are accelerating the spread of AIDS in poor countries. We are beginning to understand that prevention should take priority and that patients have the right to receive affordable therapy. But in order to realize our hopes, we have to stress the importance of vital issues that determine our success in fighting AIDS.

First, the weak infrastructure of health systems is a serious limitation in the prevention and treatment of AIDS. Even with the introduction of vertical programmes, success is limited due to the absence of channels that can provide heath care. The development of health systems should be a priority in the fight against AIDS or any other disease.

Second, health care for underprivileged groups is a must in the fight against AIDS. The burden generated by neglecting these groups outweighs any other achievements made by any country. Health policies should address these groups carefully.

Third, the alleviation of disparities in health care is a key issue in dealing with AIDS, malaria, tuberculosis or other diseases. The empowerment of women is a cornerstone of comprehensive development. Social, economic and geographical disparities must be addressed in the design and implementation of health strategies.

Fourth, prevention of AIDS should receive serious attention, as it is the main factor in fighting the disease and making concrete achievements. Investing in research should be encouraged and supported, as this could lead to real control of the disease.

Fifth, no strategy dealing with AIDS or other diseases will ever make a realistic impact unless we solve the problems related to the accessibility of affordable medicine. The balance between human rights in health and intellectual property rights is a key issue in solving many problems and in addressing the growing dilemma in the third world. Charities cannot be a lasting solution for this problem. A sustainable solution is difficult unless a realistic approach is encouraged. We believe that a partnership between multinational and local pharmaceutical industries could be one of the promising solutions for this major problem.

Sixth, it is important to ensure a sustainable, holistic, multisectoral approach. Integration with non-governmental organizations (NGOs) and civil society in providing prevention and health care is needed,

especially for underprivileged and groups that lack access.

Moral and religious values have protected many countries, and we should not omit these resources that are now desperately needed. The fight against AIDS requires solidifying our governmental and non-governmental forces and efforts both nationally and internationally.

Seventh, lack of financial support is a major limitation to all our strategies; such support should be established. The development of a global fund is the right start, but sustainability and effectiveness should be ensured. Identifying priorities is a major determinant in the fight against this serious disease.

Egypt will strongly support this initiative and will work in solidarity for this noble cause. I hope in the future that we will prove our commitment by taking serious action to assist those who have been affected and to prevent any further spread of the disease.

The Acting President (*spoke in French*): I now call on Her Excellency The Honourable Sonia Gandhi, Member of Parliament and Leader of the Opposition of India.

Ms. Gandhi (India): This is the first time the General Assembly has held a special session on an epidemic. But HIV/AIDS is now much more than a serious public health problem; it poses a grave economic and social challenge to the world. We endorse the Secretary-General's call for global, regional and national initiatives to meet the challenge, and we thank him and you, Mr. President, for the initiative to call this special session.

HIV/AIDS was the scourge of the twentieth century. Sub-Saharan Africa has borne the brunt so far, but its ravages are beginning to be felt in Asia and elsewhere. Asian countries still have low rates of infection, but because our populations are large, even a small increase in the rate translates into millions of cases. We cannot have, particularly in Asia, the high prevalence rates now seen in Africa. The declaration we adopt must, therefore, address the needs of all countries with a high burden of disease.

The thrust of our global effort should be on prevention, not restricted to the high-risk groups, but reaching out to all sections of the population in affected countries, particularly vulnerable groups such as students, youth, migrant workers, rural women and children. Large-scale prevention programmes can be put into operation only by involving community representatives and grass-roots democratic institutions, and, with them, leaders of social, cultural and faith-based groups. The aim should be to bring about a behavioural change among people at large.

Addressing the crisis in resource-poor developing countries requires strategies totally different from those followed in the developed world. Developing countries need strategies rooted in their social and cultural environment, with communication strategies tailored to the sensitivities of people in traditional societies. Governments must lead the response to the challenge posed by HIV/AIDS. Civil society has an important part to play, but where it is weak or ill organized, Governments have an even more crucial role to play. In India, we have an all-party consensus on this issue, demonstrated by my speaking to you, as Leader of the Opposition, on behalf of my country.

In India, we also have a rigorous and scientific methodology to monitor prevalence levels in the general population. Working estimates indicate that the Indian programme, which has encouraged decentralization and multisectoral involvement, has prevented a runaway spread of infection, produced a quantified increase in awareness levels by addressing individual households and led to a substantial reduction in the risk of transmission through blood transfusions.

While prevention is paramount, care and support for those infected cannot be secondary in importance or restricted only to the provision of medical services. Social and emotional support from the family and the community at large are vital. Prevention and care must therefore be made mutually reinforcing strategies in a control programme. We advocate a strategy, involving non-governmental organizations and civil society, to offer a continuum of care from the provision of voluntary testing and counselling services to hospital-based treatment and drugs for opportunistic infections.

Developing countries with a high incidence of HIV/AIDS also have a great disease burden, spread through several other communicable diseases like malaria, tuberculosis and leprosy. Governments have to ensure that resources, always scarce, are equitably allocated to all patients. Within these constraints, countries like India are trying to channel the maximum resources to HIV/AIDS, with a strong programme focus on prevention.

The introduction of antiretrovirals in a national programme, however, is a special challenge. In India, even at the reduced price announced by some drug manufacturers, the cost of antiretroviral treatment would be 150 times more than the per capita expenditure on health care provided by the Government. Such a large allocation of funds for a programme of palliative treatment would skew the distribution of resources between key components of our public health initiatives. Nor can the limited resources available for HIV/AIDS control programmes be diverted from prevention to finance antiretroviral treatment, when global evidence shows that a slackening of prevention leads to a resurgence of infection levels. Antiretrovirals, therefore, can be widely used in the developing world only if very substantial additional resources are provided through international funding over at least a decade, to start with.

This brings us to the issue of additional resources. Of the three factors identified in the Secretary-General's report — leadership, coordination and resources — resources are the most important and critical. What makes this special session so topical is the recent commitment to create a global mechanism to fund HIV/AIDS programmes in developing countries. The norms of eligibility for this global fund must be flexible, the fund's resources must be equitably apportioned, and it should be designed to serve the needs of all regions of the world carrying a heavy burden of disease.

A definitive solution to the problem of HIV/AIDS will come about only through the development of potent therapeutic drugs and vaccines; the time frame for their development is uncertain. If the HIV-infected are to benefit, research must be financed by international funding so that the product, when available, will be in the public domain, for use by all in need.

In conclusion, I would like to assure the Assembly of our deep commitment in India at the highest political level to do everything we can to control this epidemic. We have to control it before it overwhelms us.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Ponmek Dalaloy, Minister of Public Health of the Lao People's Democratic Republic.

Mr. Dalaloy (Lao People's Democratic Republic) (*spoke in French*): It is a great honour and a great pleasure for me to be able to participate in the current special session of the General Assembly, the objective of which is to deal with the pandemic caused by this terrible disease, HIV/AIDS. I would like to take this opportunity to congratulate Secretary-General Kofi Annan and the entire United Nations system for the initiative of convening this event of great historic significance.

In the Lao People's Democratic Republic, our Government attaches the highest priority to the HIV/AIDS problem. The first case of HIV in our country was officially identified in 1990 through voluntary blood testing, and the first case of AIDS was identified early in 1992. By December of the year 2000, 717 cases of HIV infection and 190 cases of AIDS were identified, and 72 of the latter have died. Since then, because of the movements of our population for economic reasons, both inside and outside of the country, there has been a trend towards a slow increase in infection. The main determining factors are multiple sexual partners and high-risk behaviour. The second round of surveillance and blood-testing in 10 provinces has confirmed the low prevalence, including among the high-risk groups.

Despite this low prevalence of HIV/AIDS — which is fortunate for our 5.2 million people — we are not asleep, because we know full well that as a full member of the Association of South-East Asian Nations (ASEAN), and because of the special position of our country in the Lower Mekong Basin, and the fact that we are a landlocked country, we are becoming a county of transit and of passage. As trade and tourism develop, and the ASEAN Free Trade Area is established, we are finding ourselves de facto under terrible pressure, under a threat of extraordinary dimensions. Since Asia is, after Africa, the most vulnerable continent, such a potential threat must not be underestimated. Preventive action now — before it is too late — is the best approach, because it is the very quintessence of prevention.

Such a situation, indeed, does not allow us to adopt a wait-and-see attitude. With the strongest political will, the active participation of our population and international cooperation, we are going to develop our policies and launch our appeals. We shall continue to strengthen our capacities, both human and

institutional, in order to be able to meet all of these challenges.

(*spoke in English*)

Since 1988, the Government of the Lao People's Democratic Republic has begun to respond to the threat of HIV/AIDS with the multisectoral National Committee for the Control of AIDS, and in 1998 with the National HIV/AIDS Trust, which is a consortium of relevant Government Ministries and donor organizations that provides a mechanism for coordinated, transparent and accountable funding to combat HIV/AIDS.

The emphasis in our national HIV/AIDS policy is prevention through the promotion of safer sexual behaviour. While addressing the issues of care, support and mitigation, and not stigmatizing the high-risk groups, we will focus on primary prevention. If we prevent an epidemic of HIV in high-risk groups, we feel that we will be able to prevent an epidemic of HIV/AIDS in the whole population.

We are committed to the concept of safer sexual behaviour. This includes making condoms available in 100 per cent of risky sexual situations. It includes frank and explicit health education aimed at high-risk groups, schoolchildren and the general population. We will reinforce traditional Lao values, but we also recognize the need for the protection of those who experiment or do not follow traditional values. We are committed to openness and frankness, even at the risk of giving offence to some. The risk of not disseminating correct information is too high. We will continue behavioural and serological surveillance so we can evaluate whether our efforts are being successful. Voluntary testing, counselling, care and support all have a role, but our emphasis must be on prevention through safer sexual behaviour.

We feel that vertical transmission of HIV from mother to child must be decreased throughout the world. For HIV-positive women, all possible efforts should be made to motivate them to use safe contraceptives and to avoid getting pregnant in order to reduce the number of cases of vertical transmission of HIV from mother to child. Even if children are HIV-negative, they are likely to become orphans in a few years' time. We are of the opinion that it is not in the interest of any society or family to allow this trend to go on.

We are thankful that the Lao People's Democratic Republic is a low-prevalence nation. We think that our efforts to date have been at least partially responsible for that low prevalence. However, we know that we as a nation are at risk. Continued action is necessary. We are committed to taking that action.

However, the Lao People's Democratic Republic is one of the least developed nations in the world. Our economy is growing, but our resources are still few. We request continued and increased support for our future efforts to remain a low-prevalence nation. A modest amount of support now can forestall a much greater problem in the future. With such orientation and determination, we will cooperate with all our partners in the Greater Mekong subregion, in ASEAN, in the western Pacific region and in other parts of the world.

We warmly welcome and support the creation of the global fund for HIV/AIDS and health. We know we have a long way to go, but with assistance and cooperation from the international community we are determined and will do our utmost to gradually overcome our difficulties. With such conviction, let us wish our special session full success.

The Acting President (*spoke in French*): I give the floor to Her Excellency The Honourable Annette King, Minister of Health of New Zealand.

Ms. King (New Zealand): The HIV/AIDS virus does not care about religion; it does not care about the colour of a person's skin; it does not care about ideology or political sensibilities; it does not care in the least about politicians. But politicians must care about HIV and AIDS, and they must show they care by being honest. Prevention and treatment of HIV and AIDS will work only if we are prepared to be honest about who is at risk and about how we can effectively respond.

People who become infected do not understand why political imperatives are more important than preventing the spread of this virus. As political leaders, we have the fundamental responsibility to provide leadership, and that means we must always keep up with the changing face of this virus, learning, adapting and implementing programmes and policies to control the epidemic.

In New Zealand we have faced up to the barriers to preventing the spread of HIV and AIDS. Initially our homosexual community and intravenous drug users

were the most affected. Legislation was passed to decriminalize men having sex with men and to remove discrimination. A needle exchange programme was introduced and made readily available to intravenous drug users. Such change involved heated debate and public criticism. But we learned quickly that prevention works. The key to success is leadership and partnership between government, civil society and community groups. It means trusting and empowering communities, especially the most vulnerable, to be part of the solution.

Hiding behind the traditional taboos about prostitution, sex before marriage, the use of condoms, homosexuality and addicting drug users will do millions of people harm and see the spread of HIV and AIDS accelerate.

For our country, success on one front against the virus is just that. The virus now operates increasingly on other fronts. Different groups of people are being affected, and our response must adapt just as honestly as it did before. Heterosexual transmission is the major challenge worldwide. It is therefore essential that women's voices be listened to. Women often bear the brunt of the epidemic. In many cases they become infected due to a lack of access to or acceptance of contraception or a lack of power to say yes or no to sex. Women also often bear the burden of caring for partners and children dying of AIDS. The protection and promotion of women's human rights, including the right to be free from violence and the right to control their own sexuality, are crucial to combating the epidemic.

Another vulnerable group is young people, adolescents who must be equipped with honest information about how they can lower the risk of the virus.

The continuing spread of this disease will be a testimony to a failure to be honest and to act. It is our responsibility to provide the leadership for that to happen. This means supporting programmes to promote safer sex, not just programmes based on abstinence — human nature does not work like that. It means ready availability of condoms for sexually active people of all ages. And it means addressing discriminatory attitudes towards people with HIV and AIDS.

While prevention is the key, treatment is also important. The security and affordability of drug supply is an issue of major significance at this forum. New Zealand supports the right of developing countries to utilize all available avenues to them within international law to obtain affordable, essential drugs for treatment of HIV and other diseases.

It is easy to be overwhelmed by the magnitude of the problem in large nations of the world and overlook the impact on small countries. The United Nations must keep a focus on small nations, particularly those in the Pacific. The growing risks of an uncontrolled epidemic among specific peoples needs our attention at the highest level.

HIV and AIDS do not respect religion, ideology or culture. To hide behind these creeds and philosophies is an excuse for inaction. Political leaders at the forum must have the courage to tackle the most dangerous modern epidemic we have faced.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Dušan Keber, Minister of Health of Slovenia.

Mr. Keber (Slovenia): It is an honour to address the General Assembly special session on HIV/AIDS on behalf of the Slovenian Government.

Slovenia has already aligned itself with the statement delivered yesterday by the Minister for Health and Social Affairs of Sweden on behalf of the European Union, and we fully subscribe to it.

I would like to take this opportunity to briefly present Slovenia's experience and policy on HIV/AIDS. I am privileged to say that Slovenia is experiencing a low level of the epidemic. The infection rate is far less than one individual per 1,000 inhabitants, and indeed perhaps only in 10,000 inhabitants is living with HIV/AIDS. During the last five years, the annual report reported that incidence rates have remained stable, on average only six cases per million inhabitants. Men who have sex with men have been the most affected. But HIV infection prevalence in a sample core group seems to have stabilized at the level of a few per cent, and has consistently remained below five per cent.

Fortunately, in contrast to many other countries of Central and Eastern Europe, there is as yet no evidence of the rapid spread of HIV among the growing population of injecting drug users and their sexual partners.

We believe, at least we hope, that these results are due to the fact that the Slovenian Government, non-governmental organizations and other institutions have responded early and effectively. Since the mid-1980s information, education, and communication activities have been aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour among youths and the general population.

In addition, very importantly, the groups at highest behavioural risk have also been targeted. Men who have sex with other men were supported in designing their own preventive interventions. A national network of low-threshold centres for the prevention and treatment of drug addiction was established at the primary health-care level. In addition, non-governmental organizations have been supported in the implementation of harm-reduction programmes for injecting drug users.

As the Minister of Health, I am pleased to say that everyone in need has access to voluntary, confidential and anonymous counselling and HIV testing, effective treatment for sexually transmitted diseases and high-quality clinical care for HIV infection, including highly active antiretroviral therapy. Also, safe blood supply is ensured, and HIV/AIDS surveillance in accordance with World Health Organization recommendations has been established.

However, there is no room for complacency. Current activities have to be not only sustained, but strengthened. We are fully aware of the window of opportunity we still have, and that investment now will result in a lower HIV/AIDS burden in the future. Thus, prevention must be the mainstay of our response while we continue to provide care and support to those affected. Reducing risk-taking behaviour and encouraging responsible sexual behaviour among youth are of the highest priority. Also, because HIV/AIDS in our region currently remains concentrated to a great extent among subpopulations at higher behavioural risk, we should urgently improve coverage by means of high-quality harm-reduction interventions for injecting drug users and develop preventive interventions for commercial sex workers and their clients.

In conclusion, I would like to express Slovenia's readiness to share its knowledge and experience with other countries and to participate in any regional initiative or global effort for developing strategies and effective responses to the HIV/AIDS pandemic. Slovenia supports the establishment of the global HIV/AIDS and health fund proposed by Mr. Kofi Annan, Secretary-General of the United Nations. However, we should realize that this battle should not only be a battle against AIDS, tuberculosis and malaria; there is an urgent need for a global approach to all issues of inequality among people in the world regarding the right to health and the right to enjoy the benefits of scientific progress. With this in mind, I especially stress the rising prices and consequent inaccessibility of new drugs for rare diseases, such as certain types of cancer and hereditary diseases.

We believe that this special session represents a historic opportunity for coordinated and comprehensive global action to combat HIV/AIDS, and is an initial step towards a new level of international solidarity with people who seek better health conditions. It is our common responsibility to seize this opportunity and to act on our words and commitments. There is simply no alternative. And there is certainly no time to waste.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Libertina Amathila, Minister of Health and Social Services of Namibia.

Ms. Amathila (Namibia): Allow me at the outset to express my delegation's appreciation to the President for the able manner in which he has been steering the work of the twenty-sixth special session of the General Assembly, on HIV/AIDS. I would like to thank the Secretary-General for a comprehensive and thoughtful report, which will no doubt guide our deliberations on this very important issue of HIV/AIDS.

My delegation welcomes the decision of the General Assembly to convene this special session to review the problem of HIV/AIDS and adopt appropriate strategies to combat the pandemic. During the Millennium Summit, the heads of State and Government made a commitment to reverse the spread of HIV/AIDS by 2015. This position was reinforced in the Abuja Declaration, in which African heads of State and Government renewed their commitment to fight the pandemic.

The first case of HIV in Namibia was diagnosed in 1986. Soon after independence in 1990, the Government of Namibia launched the first medium-term strategic plan for HIV/AIDS control. Mindful of the fact that some of the major determining factors in

HIV transmission lie outside the health sector, the Government elaborated a national expanded response, which culminated in the development and launch of the second medium-term plan under the newly constituted National AIDS Coordination Programme in March 1999. The National AIDS Coordination Programme consists of the National AIDS Committee at the policy level, the National Multisectoral AIDS Coordination Committee at the executive level and the Regional AIDS Coordination Committees at the operational level. The second medium-term plan provides the necessary framework for AIDS control, involving all sectors at the national and regional levels. It includes strategies for HIV/AIDS prevention, management and care.

In accordance with our second medium-term strategic plan, we have embarked on a number of selected and targeted activities, including education, the promotion of safe sexual practices and the use of barrier methods, such as condoms for both men and women, among other activities. During the course of this year we will start a pilot programme for the prevention of mother-to-child HIV transmission. As for patient care, we give robust treatment for AIDS-related complications, such as tuberculosis, as the cost of antiretroviral drugs has been beyond our means so far. In addition, we offer psycho-social support and social relief to infected and affected individuals and their families, including assistance to families that are taking care of orphans.

The Namibian Government has recognized that the protection and realization of human rights are essential in the context of the HIV/AIDS epidemic. The Namibian Government has thus developed a policy and legal framework, in partnership with civil society, that promotes a rights-based approach to HIV/AIDS and outlaws discrimination on the basis of HIV status. A Namibian HIV/AIDS Charter of Rights, which was developed in the course of a broad consultative process involving Government and civil society, was adopted in December 2000.

Since independence in 1990, the Government has consistently allocated not less than 15 per cent of its operational budget to health care. A substantial part of this budget is spent on HIV/AIDS prevention and treatment programmes. HIV/AIDS is adequately covered in our second national development plan, in which a whole chapter is devoted to this pandemic. At the regional level, Southern African Development Community (SADC) member States have taken joint initiatives, among which are the SADC Multisectoral HIV/AIDS Strategic Framework and Programme of Action 2000-2004.

My delegation calls for research in the development of vaccines against the HIV strains prevalent in the regions most affected by the pandemic. We also strongly believe that life-saving drugs must be made available to and affordable for those most in need.

Finally, Namibia believes that national Governments need to take ownership of programmes on HIV/AIDS. Furthermore, in order for developing countries to contain the spread of the HIV/AIDS epidemic, they need additional or new resources. In this context, we commend the Secretary-General for the initiative to establish a global AIDS and health fund to combat HIV/AIDS and other communicable diseases. We welcome the pledges made so far and encourage the donor community to make more contributions. We call for the efficient management of this fund so that it will be transparent and flexible enough to respond adequately to the needs of Member States. The criteria for the allocation of funds should be based on, among other things, the magnitude of the disease burden on a country, and not on the perceived level of country income.

We also support those who have called for debt relief for countries so that they can concentrate on and fight this epidemic effectively.

The Acting President (*spoke in French*): I give the floor to Her Excellency Ms. Ana Stavljenić-Rukavina, Minister of Health of Croatia.

Ms. Stavljenić-Rukavina (Croatia): My delegation is deeply grateful to the Secretary-General for convening this much-needed and timely special session. The last 20 years have taught the world that the HIV/AIDS epidemic is nothing less than a global emergency. Tragically, for several million people worldwide, this message has been understood too late. The consequences are all too visible, with families and communities destroyed and millions of children rendered parentless.

Yet there is no reason why we should accept the realities of the world in which we live today. The harrowing character of the current situation warrants nothing less than our immediate attention and action.

We can, if we really want to, use this special session to spark a process of change, by drawing on the growing political commitment to this struggle, towards a world that is just and fair.

It is my delegation's hope that this special session is not merely an exercise in rhetoric, but that it will be pivotal in mobilizing and coordinating global efforts towards tackling the HIV/AIDS epidemic. Embarking on this crusade should be the highest priority for each and every one of us at the international, regional and national level.

There is a clear consensus in this Hall that, parallel to international efforts, national Governments have an equal obligation to advocate an expanded response, as well as to protect and fulfil the rights and well-being of those affected by AIDS. With a total of 171 AIDS cases registered between 1986-2000, coupled with an annual incidence of 5.3 to 7.6 HIV/AIDS cases per million in recent years, it could be argued that Croatia is a country with a low prevalence of HIV/AIDS. Nonetheless, Croatia appears to be in the initial phase of the HIV/AIDS epidemic.

With the rate of HIV/AIDS infection increasing ominously in the region, building a committed and supportive government is a priority for many of our countries, including Croatia. In the case of Croatia, I would like to underscore that its national policy of fighting HIV/AIDS has been in place since 1985. Perhaps this could be seen as a positive legacy of Croatia's strong tradition in public health service, organized by Dr. Andrija Štampar — a man who was a key player in establishing the World Health Organization.

In implementing its national policy, Croatia has devised a number of essential programmes, which include the institutionalization of treatment and awareness through the creation of a centre for HIV/AIDS in 1986 and a reference centre for AIDS in 1992. Furthermore, during the 1980s, by way of response to the threat of the spread of the epidemic, public policy strategies were put in place, such as HIV testing on an individual voluntary basis, harm-reduction practices for injecting drug users and mandatory testing of blood donors and blood products. In its efforts to advocate an expanded response on the part of the population, a national educational campaign was launched in 1987. Under the auspices of the Ministry of Health, the National HIV/AIDS Prevention Committee was subsequently established, which led to the development of a national AIDS prevention programme in 1993.

Numerous educational activities have also been undertaken in the media and through publications designed for elementary school children, adolescents, HIV/AIDS sufferers and the medical profession. Furthermore, Croatia has been committed to providing the best possible care for those infected with HIV/AIDS, including the provision of highly active antiretroviral treatment fully covered by the national health insurance scheme.

Despite relatively good results in HIV/AIDS prevention and treatment in Croatia, there remains no room for complacency. Many factors exist in Croatia that favour the spread of HIV/AIDS, including an increasing number of injecting drug users, a high unemployment rate, migration and an economy in transition.

While many Croatian non-governmental organizations have played an important role in driving the HIV/AIDS agenda in parallel to governmental policies, the overriding task for Croatia for the immediate future is to develop a more multisectoral approach to tackling HIV/AIDS in Croatia. In attempts to further strengthen our response and to mitigate the impact of the HIV/AIDS epidemic, we agree that partnerships should be further developed in a non-hierarchical way and we recognize the valuable role of the private sector.

HIV/AIDS poses a real threat to each and every one of us, and ultimate responsibility lies with all of us. However, our responses to date to the epidemic have shown humanity at both its worst and its best. The AIDS epidemic demands a global vision and understanding, supported by real political will and a strategic plan of action for its control. Only then will we have what it takes to turn the epidemic around.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Aboudrahamane Sangaré, Minister of State for Foreign Affairs of Côte d'Ivoire.

Mr. Sangaré (Côte d'Ivoire) (*spoke in French*): I wish from this rostrum, at this special session of the General Assembly, to perform the important duty of addressing the friendly salutations of the people of Côte d'Ivoire and its President, Mr. Laurent Gbagbo, to

Mr. Harri Holkeri, President of the special session, and to Mr. Kofi Annan for their initiatives taken in the struggle against HIV/AIDS. Our greetings go also to all representatives here.

The twenty-sixth special session must bear in mind this thought of Dr. Peter Piot, Executive Director of UNAIDS: Time is not on our side. A more urgent and rigorous response is imperative.

Turning now to Côte d'Ivoire's experience in the struggle against HIV/AIDS, I would like to bring to the Assembly's attention the fact that the first case of HIV infection in Côte d'Ivoire was recorded in 1985. At that time, a working group was established in the National Institute of Public Health to collect data on the new disease. In 1987 a decision was taken to establish a central coordinating bureau. A short-term action plan was also put in place for the period 1987-1988. The coordinating bureau thereafter became a national programme, and a medium-term plan was experimented with.

The first "days of struggle" against the disease were held in the National Assembly in 1992. Through the testimony of persons living with HIV in Côte d'Ivoire, a face was put on the disease for the first time.

In 1995 the goals of the programme were expanded to encompass the fight against sexually transmitted diseases and tuberculosis. In the same year, the national programme became an executive secretariat.

In 1997, an international conference on AIDS and sexually transmitted diseases in Africa was held in Abidjan. An international solidarity fund for treatment was established, with an initial donation of approximately $670,000. However, the prohibitive cost of antiretroviral drugs has not made it possible to treat many people with the disease.

Côte d'Ivoire is today a country with a high incidence of HIV. Over 10 per cent of the population is infected — more than 1 million persons out of a total population of 15 million. Forty-five per cent of persons with tuberculosis are HIV positive. The ratio of infection for men and women, which had been 4:1, is now 1:1. Approximately 600,000 children have been orphaned by AIDS, among whom some are also HIV positive. One teacher dies of AIDS every day.

The situation I have just described is dark and alarming. However, important progress has been made in the struggle against HIV/AIDS in Côte d'Ivoire. That progress includes the establishment of a national policy on sexually transmitted diseases, a reduction in mother-to-child infection, the establishment of an initiative to facilitate access to drugs, an improvement in people's knowledge and attitudes, the involvement of non-governmental organizations and civil society, the growing involvement of other ministries and the private sector and the establishment of decentralized structures to fight HIV/AIDS.

Moreover, on 24 January 2001 a ministry attached to the office of the Prime Minister was created to deal with the fight against AIDS and other epidemics, which illustrates the political will to place the struggle against HIV/AIDS high among our major priorities. The ministry, which is headed by a woman, has two main functions. The first is to plan, guide, coordinate, monitor and evaluate HIV/AIDS programmes while taking the gender perspective into account. Its second function is to mobilize human, financial and technical resources in all areas of activity throughout the country.

Among the social and cultural hurdles inhibiting the struggle against HIV/AIDS are levirate and sororate marriages, early sexual activity and marriage and sexual mutilation. External factors also constrain our efforts to eradicate the pandemic. The drop in our principal exports and the debt burden exacerbate the poverty of the population and impede the State from being able to devote greater resources to the fight against HIV/AIDS.

The fight against AIDS today is not just a medical struggle. It is a problem of society that is both behavioural and developmental in nature, and it threatens the survival of the human species. In the face of this scourge, which could make the death rate in Africa and Côte d'Ivoire higher than the birth rate, and given the urgency of the situation, I would like to appeal urgently to pharmaceutical companies and laboratories to make their drugs accessible to all sick persons; to the global scientific community and to financial consortiums and conglomerates to lend their technical and financial support to reduce the negative impact of HIV/AIDS on the development of our countries; to the political decision makers to have greater awareness of the pandemic, to deal with it more transparently and to make a renewed commitment to

the fight against HIV/AIDS; and to the entire international community to respond appropriately and exceptionally to the fight against HIV/AIDS.

The Acting President (*spoke in French*): The Assembly will now hear a statement by His Excellency Mr. Osmo Soininvaara, Minister of Health and Social Services of Finland.

Mr. Soininvaara (Finland): Finland fully aligns itself with the statement made by Sweden on behalf of the European Union.

We highly appreciate the central role of UNAIDS in combating the HIV/AIDS pandemic. Having chaired last year the UNAIDS Programme Coordinating Board, I am very familiar with the hard work UNAIDS has done, especially in developing the Global Strategy Framework on HIV/AIDS. That Strategy should form the basis for the future activities of the United Nations in combating HIV/AIDS.

Preventing the further spread of the pandemic should be the major focus of our response. The quality of primary health-care structures is the key issue here. A sound, universally accessible health-care system that includes sexual and reproductive health as well as social and psychological support and care is a cornerstone of prevention and the basis for treatment. We know of the success stories from countries where a functioning health-care system has been put in place with aggressive national intervention programmes. Ultimately, it will be the accumulation of these successes that will put an end to the spread of HIV/AIDS.

New antiretroviral medicines give hope to millions of people living with HIV/AIDS. Finland welcomes the decline in the prices of antiretroviral medicines. We should explore ways in which the latest inventions of the pharmaceutical industry — and not only those connected with HIV/AIDS — could also benefit people in developing countries. We should not, however, forget that a drug is not useful until it reaches a patient. To deliver medicines we need primary health-care services. This is especially the case with antiretroviral drugs, which require long, systematic and supervised treatment.

Inadequately implemented antiretroviral treatment can turn out to be a disappointment to patients and cause severe side effects. Unsupervised treatment can also facilitate the spread of resistant viral strains. In the worst case, if a patient does not change her/his sexual behaviour or give up the practice of injecting drugs, that treatment may even speed up the spread of the epidemic. Even in difficult circumstances, good results have been gained by using antiretroviral drugs to prevent mother-to-child transmission. This approach should be intensified.

If we want to increase resources for antiretroviral treatment, we should ensure that doing so does not take away from the prevention.

We have lost many important years of prevention because we were ashamed to call things by their correct names. I sincerely hope that the same mistake will not be repeated in other regions. We all have these kinds of cultural and religious taboos. We do not have any alternative than to overcome our taboos as people in Africa have done in recent years with good results. The improved results are clearly seen now in Africa.

How can prevention be successful if we do not identify the vulnerable groups and call them by their correct names? All these groups need different kinds of interventions. Men who have sex with men need different types of interventions than intravenous drug users; and commercial sex workers and their clients need other types of interventions than young girls who lack social protection; and so forth.

One specific vulnerable group is young girls with low social status and education. Gender equality and the empowerment of women are the key elements in reducing the vulnerability of women and girls to HIV/AIDS.

We have learned that no single approach will contain the epidemic. To meet all the demands we need billions of dollars and other resources. To show our commitment to this task, my Government has decided to contribute 40 million Finnish markkaa to UNAIDS this year. Also in the future the Finnish Government intends to maintain its support for HIV/AIDS programmes at a considerably higher level than in the past.

Along with the European Union, Finland welcomes the establishment of a new global fund for HIV/AIDS, tuberculosis and malaria. We feel strongly that there should be only one global fund for this purpose. The fund must be able to support capacity-building and integrated health-care systems in developing countries. It is essential that the fund add

value to existing resources and support the implementation of ongoing development processes.

The Acting President (*spoke in French*): I now give the floor to His Excellency Ms. Anita Bay Bundegaard, Minister for Development Cooperation of Denmark.

Ms. Bundegaard (Denmark): This special session of the General Assembly has rightly placed HIV/AIDS at the very top of the international agenda. Finally, we political leaders are beginning to give the fight against HIV/AIDS the priority that the magnitude of the pandemic calls for. The AIDS tragedy in sub-Saharan Africa is a cruel reminder of the urgent need for action, and so are rapidly rising levels of infection elsewhere — not least in parts of South-East Asia.

We are facing a huge development challenge. The draft declaration of commitment of this special session underlines that prevention must be the mainstay of our response to this challenge. The Danish Government strongly believes that this point cannot be overemphasized; preventive action must be given clear priority. Only prevention can halt the spread of the pandemic. Evidence from African countries such as Uganda and Senegal, and lately also South Africa and Tanzania, is encouraging in this respect. Political leadership at all levels of society, breaking the silence and confronting stigma and denial will eventually pay off in millions of lives saved.

I see an important role also for the private sector in providing an effective response to the HIV/AIDS challenge, and I welcome its increasing readiness to shoulder its social and moral responsibility in making essential drugs affordable for developing countries. The private sector should continue to move in this direction and complement its efforts with relevant assistance in the workplace and also at the community level.

But unless we are ready to work for — and, not least, pay for — much stronger health systems in developing countries, more affordable drugs will be of little use for all those who need them. The magnitude of this challenge is daunting, and Denmark is ready to make its contribution. We will approach the whole issue of HIV/AIDS prevention, care, support and treatment on a country-by-country basis. We will work with national Governments through sector-wide approaches and with a keen eye on the poverty dimensions of the issue, as it is the poor who suffer the most from this disaster.

Denmark welcomes the draft declaration of commitment as a comprehensive normative framework, both in scope and in substance, for the fight against the HIV/AIDS epidemic. But we are disappointed by the continuing controversy surrounding human rights, and in particular the issue of gender equality and the sexual and reproductive rights of girls and women. Inequitable gender relations and opportunities lie at the very heart of the HIV/AIDS pandemic. Only by improving the status of women — by empowering them to control their own sexuality and to say no to unsafe sex — can we hope to curb the pandemic. Governments must show leadership and live up to their responsibility in this field.

My Government has set out a programme of action for Denmark's international contribution to the fight against HIV/AIDS. It is fully in line with the draft declaration of commitment. A core element in this programme of action is the concept of long-term partnerships with developing countries. The commitment and ownership of national Governments are the key to success. We focus on prevention in the poorest countries, especially in Africa, and we will give high priority to youth and involve people living with HIV/AIDS in the struggle. A strong emphasis will be on health systems and building capacity in health-care delivery systems at the national and local levels.

Now is the time to move from words to deeds. There is a clear lack of new and additional resources. Furthermore, we are in it for the long haul, and we had better recognize this. Denmark allocates 1 per cent of its gross national product to official development assistance. A large part of this money is channelled to the countries most affected by the epidemic. We will strengthen efforts to combat HIV/AIDS, not only in health-sector programmes, but also in education, agriculture and other sector programmes. In 2001 Denmark is actually allocating additional funds — 80 million Danish kroner, which is approximately $9.5 million — to direct support to specific HIV/AIDS prevention interventions in sub-Saharan Africa, in cooperation with the United Nations system. This amount will rise substantially over the next two to three years.

But we are depressingly far from the financial development targets. I hope the proposed new global

AIDS and health fund will attract new and additional resources from both — and I stress, both — Government and private-sector donors. Private-sector involvement is necessary because of the immense task ahead of us. But it does not relieve Governments of responsibility to contribute to and achieve agreed aid targets. The Danish Government supports the fund and also expects it to give priority to preventive interventions and building the capacity of health systems. My Government is also prepared to make available a substantial contribution to the fund, as an equal partner in its establishment and governance.

At the Millennium Summit world leaders pledged by 2015 to have halted and begun to reverse the spread of HIV/AIDS. This special session has taken us one step further in the combat. Now we must show that our courage and political leadership go beyond words. We have to establish partnerships for action. Governments have to shoulder their responsibility and show leadership at all levels of society, working with the private sector and civil society. Each of us has an important role to play. We are all affected directly or indirectly, whether as individuals, families, members of society or, indeed, world citizens.

Poverty and HIV/AIDS are linked in a vicious circle. The draft declaration we expect to adopt at this session could serve us well in the battle against both. We must not miss the opportunity to take the lead and exercise determined action.

The Acting President (*spoke in French*): I now call on His Excellency Mr. Philippe Deslandes, Government Councillor for Interior of Monaco.

Mr. Deslandes (Monaco) (*spoke in French*): It was just 10 months ago that the General Assembly decided to convene a special session. We have therefore gathered to deal in solidarity with the world crisis of the HIV/AIDS pandemic, which, unfortunately, has already taken the lives of some 22 million persons in 20 years. AIDS continues to kill and HIV continues to spread. The gravity of the situation requires political leaders to mobilize in order to provide a global framework for the struggle against this scourge and to define together the objectives that each State should achieve in order to put an end to the global spread of the virus. The discovery of a vaccine remains, nevertheless, the only true hope of overcoming the epidemic.

No State has been spared, even if, as the Secretary-General's report stresses, sub-Saharan Africa is the region that has been most affected. The epidemic is a question of development and international security, as the heads of State and Government of the countries of the Organization of African Unity stated in the Abuja Declaration. We would underscore in this regard that it is essential to provide special assistance to AIDS orphans, who are more easily exposed to further suffering as a result of their psychological and physical vulnerability.

The objectives and resources that could be established at the international level will be effective only if all the sick can be identified and cared for while education and prevention continue to protect the rest of the populations. Civil society, community organizations and non-governmental organizations therefore provide, in this connection, indispensable support for government policies.

The difficulty in the struggle against the HIV/AIDS pandemic stems not only from the gap in levels of treatment, which has never ceased to widen between developed and developing countries, but also from cultural differences, which cannot be ignored and must be taken into account to provide an appropriate response to different situations.

The identification of vulnerable persons, as indicated by the Secretary-General in his excellent report, is a precondition for any concrete implementation of a national or local plan. This approach must ensure respect for the rights and the dignity of each person. The principle of non-discrimination must be the foundation of all action in the field.

Acting means informing, educating and taking charge. These responsibilities are incumbent as much on political leaders as on citizens. In the area of education, the basic unit, which is the family, must be assigned a priority position. Young girls, in particular, must be informed of the risks that they run when they engage in early sexual activity. The use of condoms, masculine and feminine, and microbicides must be encouraged. Access to these preventive means must be facilitated.

The systematic organization of detection campaigns is not conceivable if the concerned authorities cannot guarantee access to care in the

framework of adequate social services. The training of health personnel is thus essential.

The example, which should certainly be followed, of Brazil, where access to triple-agent therapies is guaranteed by the Government, shows that the fight against the disease can be effectively waged and that the people who are treated can be reintegrated into active life, thereby reducing the negative social and economic impact of the epidemic on society.

Also, the big pharmaceutical companies must be involved in world action. Their capability for research with a view to obtaining a vaccine as soon as possible must be preserved. The conference that will take place in Dakar next November on access to medicines will provide, we hope, adequate solutions to the question of production and distribution of generic products.

The financial resources to be mobilized are considerable. Official development assistance will therefore not be enough. The fund that will be created as a result of this session, as announced by the Secretary-General at the World Health Assembly last month, should make it possible to attract public and private contributions. The Principality of Monaco will contribute as much as it can to this new fund, and will continue to provide financial support for UNAIDS.

The objectives to be achieved by 2003 and 2005 are ambitious. UNAIDS must continue coordinating the activities of the various participating funds, programmes and agencies in order to concentrate all their efforts and enhance effectiveness in the struggle against the pandemic.

The Principality has established a number of measures that are regularly evaluated. People suffering from HIV/AIDS have access to the triple-agent therapy, and the treatment costs are covered completely by social security agencies. Syringes are sold without restrictions, and condoms are available in vending machines.

The Government has made prevention its priority, and the surveys carried out among young people give us hope that they will adopt a responsible attitude and will protect themselves from the ravages of this scourge.

I cannot conclude without thanking the Permanent Representatives of Australia and Senegal, Ambassadors Penny Wensley and Ibra Ka for their personal involvement and dedication in the long negotiations that should lead to decisive progress along the road that will finally lead to putting an end to the intolerable slaughter brought about by AIDS.

The Acting President (*spoke in French*): I now call on His Excellency Mr. Ahmed Bilal Osman, Federal Minister of Health of the Sudan.

Mr. Osman (Sudan) (*spoke in Arabic*): At the outset, let me extend to the President our warm congratulations on leading this special session and on his able efforts during the various phases of informal consultations on the draft declaration of commitment, which we hope will be bolstered by political will and universal consensus, resulting in its adoption as a landmark document at the end of this session.

We also wish to extend our thanks to Secretary-General Kofi Annan, who has persistently deployed many personal efforts to highlight the problem of AIDS and its negative repercussions on different groups and societies, especially in the African continent, and to unify the required international response to address this epidemic. We welcome his initiative to establish a global fund to combat AIDS, and hope that the procedures for benefiting from this fund will be easily accessible, on an equal and fair basis, to the affected countries.

Twenty years have passed since the diagnosis of the first AIDS case in 1981. After that, the number of reported cases in different parts of the world has steadily increased. However, the African continent has had the greatest part of this universal suffering. It now hosts 70 per cent of adults and 80 per cent of children who are living with AIDS; most of them lack adequate opportunities for obtaining primary health care. Africa has buried three quarters of those in the world who have fallen to AIDS since the epidemic began. As long as children are losing their parents and teachers, and hospitals, farms and factories are losing their workforces, this epidemic will continue to present persistent and severe obstacles to development.

In the Sudan, the number of cases reported has been on the rise since we diagnosed our first case in 1986. The total number of reported cases, as of the end of March 2001, was 3,683. The number of those affected by HIV is 400,000, and the prevalence rate stands at 1 per cent. The population of the Sudan is 30 million.

This increase can be attributed to many factors, most important of which are our far-flung borders with neighbouring countries; this facilitates large-scale population movements resulting from turmoil and war afflicting sub-Saharan Africa. Furthermore, natural disasters that have afflicted the area play an important role in stimulating population movement and displacement. Unilateral coercive measures, from which my country suffers today, have had a negative impact on the country's economic infrastructure and have increased poverty. This is one of the main factors contributing to the spread of HIV. These measures also deprive our people of the necessary financial support and of relevant medical technology that could provide the best service in diagnostics, medical care and research.

Despite these challenges, my country has declared its full commitment to combating AIDS and its negative impact. This commitment was renewed when the Sudan signed the Abuja Declaration last April at the African Summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases. This commitment has led to the establishment of the National Council to Combat Epidemics, headed by the President of the Republic. The Council involves specialized sub-councils, including the National Sudanese Council to Combat AIDS, headed by the Federal Minister of Health. It embraces the public and private sectors and civil society organizations. We have also formulated a comprehensive national plan that ensures the participation of all sectors in the struggle against AIDS.

Moreover, within the framework of a national initiative that coincides with this special session, the President of the Republic has decided to increase taxes on tobacco and cigarettes in the amount of 10 per cent, the revenue from which would be allocated to programmes to prevent AIDS, as well as to malaria and tuberculosis.

We have now gone beyond the phase of denial and silence on the question of AIDS. We have moved on to a phase of confrontation and are battling this lethal epidemic. This phase requires the international community's assistance and support to consolidate our national efforts to put an end to the war in the southern Sudan and to arrive at a just settlement of this question. We also call for the lifting of the economic blockade imposed on our country so that development and economic stability can prevail; this itself is a weapon in the fight against AIDS. We call on neighbouring countries to establish regional cooperation with us in order to enhance coordination and the exchange of experience in the field of combating AIDS so as to arrive at the desired goals and objectives.

My Government has taken all the aforementioned measures to combat AIDS, because we are fully convinced that national success stories in containing this epidemic depend essentially on sound programme planning and enlightened leadership that is aware of the danger of this epidemic and its social, economic, health and psychological repercussions. We translate our political commitment into reality by providing the necessary financial support to AIDS prevention programmes from our national budget, the private sector, non-governmental organizations and civil society.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Lee Kyeong-ho, Vice Minister of Health and Welfare of the Republic of Korea.

Mr. Lee Kyeong-ho (Republic of Korea): I am deeply honoured to be here today, with leaders from around the world, to review and address the problem of HIV/AIDS as a matter of urgency and to confirm our commitment to make all necessary efforts to fight this disease comprehensively.

It has already been 20 years since the first case of HIV/AIDS was found. Since then, nearly 58 million people have been infected by the epidemic, and 22 million people worldwide have died of AIDS. At present, 15,000 people a day are newly infected, and 8,000 people a day are dying. The disease has divided and impoverished families, turned 13 million children into orphans, weakened workforces and threatened the social and economic fabric of communities and the social stability of nations. In recognition of the severity of the HIV/AIDS epidemic and its larger consequences, this special session should be an occasion to demonstrate our strong determination to overcome these obstacles and to assert our commitment to enhanced coordination and intensified national, regional and international efforts to combat this disease.

Since there is no cure for HIV/AIDS and as yet no vaccine, prevention must be central to our response. Intensive information and education programmes, as well as awareness-raising campaigns, can remarkably

reduce the risk of transmission. Certainly, the strong participation of, and coordination with, non-governmental organizations (NGOs) and civil society are crucial in developing and implementing such prevention strategies.

Bearing in mind that young people from 15 to 24 years of age are the most vulnerable to HIV/AIDS, special programmes targeting this population should be developed. In order to protect young people effectively, we need to establish user-friendly prevention programmes. In this respect, the Republic of Korea has developed and implemented various education, information and counselling programmes. All middle schools and high schools have specially trained teachers in charge of sex education and counselling for students. We have also implemented a special peer programme that trains students to educate their classmates and other youths on HIV/AIDS.

Effective care, support and treatment programmes for people living with HIV/AIDS are also important not only because they promote the human rights of those living with the disease, but also because they contribute to prevention and reduce vulnerability in society.

Recognizing the mutually inclusive relationship between prevention and care, and the necessity of a multifaceted response, the Republic of Korea enacted a special law on HIV/AIDS in 1987. According to this law, all people in Korea, including migrant workers, have the right to a free, confidential blood test. Anyone who has been infected with the virus can receive, with confidentiality, special care and medical treatment with the Government's support. We have also encouraged and facilitated various care and treatment programmes led by NGOs, including organizations for people living with HIV/AIDS. As a result, many infected people have volunteered to work as counsellors or assistants to other infected people.

Information and communication technologies are effectively being used as a comprehensive response to the HIV/AIDS epidemic. There are many web sites on HIV/AIDS that were constructed by NGOs, including those organizations for people living with the disease. These web sites serve to raise public awareness on the issue of HIV/AIDS, do away with the stigma attached to the epidemic, disseminate effective prevention-and-care information and provide counselling and help. With full confidentiality and privacy, people can get useful information and counselling through the Internet.

In conclusion, the draft declaration of commitment which will be adopted at this special session must be translated into meaningful action. For this purpose, strong cooperation at the regional and international levels in the future is essential. We are ready to share our experiences and lessons learned with other countries in similar situations. Furthermore, we Koreans support the establishment of a global HIV/AIDS and health fund and will contribute to it.

Let us make this special session a historic turning point which gives hope and courage to all people who are infected or affected by HIV/AIDS.

The Acting President (*spoke in French*): I give the floor to His Excellency, Mr. Edward Bartkevičius, Vice-Minister of Health of Lithuania.

Mr. Bartkevičius (Lithuania): Allow me, on behalf of the Lithuanian delegation to thank the Assembly and the United Nations Secretariat for organizing this special session on HIV/AIDS. Sharing experience and best practices with other countries gives us a new impetus for trying to find possible solutions to this disastrous epidemic. Lithuania would also like to thank the Secretary-General for his excellent and comprehensive report.

While aligning ourselves fully with the statement made by the European Union, I would still like to share with the Assembly our national experiences on this issue.

Lithuania, with its population of 3.5 million, has a relatively low incidence of HIV/AIDS in comparison with some other countries in our region. To date 39 cases of AIDS and 308 cases of HIV have been reported. But we perfectly understand that we do not live in an isolated world and that HIV/AIDS is a menace to human security worldwide. It does not require visas to cross borders, and it does not make any distinction between rich and poor. Clearly, the global pandemic needs urgent action at all levels — community, national, regional and global.

The low incidence of HIV in Lithuania might be attributed to the success of the joint efforts of the Lithuanian AIDS Centre and other authorities which made a timely response to changes in the situation and took lessons from other nations' experience, both negative and positive. In Lithuania the epidemic is

mainly confined to injecting drug users and their partners. The present situation is complicated by the parallel relationship between sexually transmitted infections and drug use. While very large numbers of intravenous drug users are uninfected, they still constitute the largest threat of an immediate and explosive spread of HIV infection in Lithuania. As was mentioned before, in total 308 HIV infections — compared with 40 cases in 1995 — have been reported to date, approximately half of them among injecting drug users.

As evidenced by the high rates of increase in sexually transmitted infections in the region since 1990 and the emergence of a population of sex workers who inject drugs, there is the possibility that a slower, albeit more generalized, HIV heterosexual epidemic is developing. The risk of this third wave of infection is increasing with the growth of prostitution in the region. Young people are at particularly high risk of infection. The vast majority of those infected with HIV are in their twenties.

In our opinion, prevention is the most important element and the best possible tool with which to fight HIV/AIDS. Special educational programmes for different age groups have been launched in Lithuania. Still, the most intensive national response is to target the most vulnerable group — young people — while seeking to achieve wider coverage of targeted populations.

International partners are supporting numerous projects and programmes across the region. External support must be carefully coordinated in order to maximize the impact of valuable resources.

The first national AIDS programme was carried out between 1990 and 1994, providing testimony that the Lithuanian authorities attached great importance to the problem from the very beginning, when the first case of HIV in Lithuania was diagnosed. The national programme for the period 1999-2001 is based on the assumption that the epidemic is impossible to stop without the common efforts of the whole society.

The democratic structure of Lithuanian society provides a framework for cooperation between the legislative, governmental and municipal authorities. Non-governmental organizations must also play an important role in this process. The national AIDS programme is designed to fight all forms of discrimination and stigma related to people who are HIV-positive. This programme encourages respect for everyone's right to protection against HIV infection and seeks to ensure comprehensive social and medical services for people infected and affected by HIV/AIDS. In order to ensure the realization of the aims foreseen in the national AIDS programme, cooperation between various structures of State authority and non-governmental organizations is necessary.

The health-care objective cannot be achieved without appropriate financing. Therefore, we have to proceed with strong advocacy strategies to raise awareness among Governments, policy makers, ministries, opinion leaders and the general public about the impact of HIV/AIDS. Government and parliamentarians, in collaboration with the international community and non-governmental organizations, should make the necessary plans, in accordance with national concerns and priorities, and take the actions required to measure, assess, monitor and evaluate progress towards meeting the goals of the present national programme.

Today we are proud to state that the Lithuanian example shows how a small independent State is able to take coordinated preventive actions in order to tackle this infection and not let it spread further. Lithuania is prepared to share its experience and is open to cooperation with other countries in this field.

The Acting President (*spoke in French*): I give the floor to Mr. Gennady Onischenko, First Deputy Minister of Health of the Russian Federation.

Mr. Onischenko (Russian Federation) (*spoke in Russian*): HIV/AIDS is among the most serious challenges of the twenty-first century. The scale of this epidemic has acquired a global character. It poses a real threat to sustainable social and economic development of all countries of the world. In Africa, the AIDS epidemic has acquired such catastrophic proportions that it has become the major cause of mortality.

There is a need to consolidate the efforts of all the countries of the world and all sectors of society to confront the emergency situation caused by the global spread of HIV infection.

We support the comprehensive approach to this problem proposed by the Secretary-General in his report to this special session, which takes into account the various aspects of the issue, including social, economic, demographic, gender and others. On this

basis, it points out possible ways to address this problem.

We believe it is crucially important to set forth scientifically based and realistic strategic goals and benchmarks to fight HIV infection. Measures to confront HIV/AIDS and other dangerous infectious diseases must be taken, along with national and international efforts to address such global challenges as conflicts, hunger and poverty.

We support the activities of the United Nations and its specialized agencies, first of all such recognized and respected ones as the World Health Organization and UNAIDS, aimed at mobilizing broad international participation to stop the spread of the HIV/AIDS epidemic.

The timely and important initiative of the Secretary-General to establish the global fund for HIV/AIDS and health is of special importance. We believe that such a fund should be open and universal, to the maximum extent possible, both in terms of resource mobilization and allocation to all countries that might need it, without exception. This means that in its practical work, the fund should adequately take into account the specific needs of countries facing the risk of rapidly increasing rates of the spread of HIV/AIDS. We are ready for active cooperation with all partners on issues related to establishing the fund and to defining the forms of our intellectual and material input.

In recent years, rising HIV infection rates have been registered in Russia. That is why combating the spread of HIV/AIDS is among the priority activities of the Russian Federation at both the national and international levels.

Among the basic legal documents regulating these activities are the federal law, adopted in 1995, on the prevention of the spread of disease caused by HIV in the Russian Federation, the 1996 federal programme on the prevention of the spread of disease caused by HIV in the Russian Federation and the international programme of cooperation among the member States of the Commonwealth of Independent States (CIS) in the area of HIV prevention. At present, we are actively engaged in involving the business community, non-governmental organizations and religious organizations in seeking solutions to HIV/AIDS-related problems in our country.

The serious deterioration of the situation in the spread of HIV/AIDS is taking place throughout the region of Central and Eastern Europe and the CIS countries. Special attention was given to that problem at the meeting of the Health Cooperation Council of the CIS member States, held on 19 June in Baku, Azerbaijan. At that meeting the Council adopted an appeal for health cooperation addressed to the participants in the twenty-sixth special session of the General Assembly. It expressed the confidence that the recommendations of the special session will promote international cooperation on HIV/AIDS problems, inter alia, in the interests of the people of the CIS member States. This appeal was circulated as an official document of the twenty-sixth special session of the General Assembly.

The most important outcome of our work here will be the declaration of commitment on HIV/AIDS. Supporting the goals and tasks enshrined in the document, we consider the fight against AIDS a long-term programme of cooperation. The implementation of this declaration will be an outstanding example of international partnership for the sake of improving the health of the people of the world and ensuring sustainable socio-economic development.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Kyaw Myint, Vice-Minister of Health of Myanmar.

Mr. Myint (Myanmar): The holding of the special session on HIV/AIDS is most timely and appropriate. The scourge of this disease is assuming ever greater proportions. Therefore, it is most fitting that the Governments of the world should come together to find the best ways of halting and reversing its spread.

Allow me to assure the Assembly that the Government of the Union of Myanmar is most willing to join hands with other nations in the fight against the threat of this disease. In this regard, I would like to take the opportunity to briefly present the HIV/AIDS situation in Myanmar. Despite the gloomy picture painted by some reports, including some United Nations reports, I wish to state categorically that HIV/AIDS is not rampant in our country. The misconception arose by taking the statistics from high-risk areas and trying to portray them as though they represented the entire nation. We are therefore deeply gratified by recent attempts by international

organizations to correct this distortion and arrive at a more realistic assessment.

HIV/AIDS has been designated as a disease of national concern, and Myanmar is committed to fighting this disease by using all its available resources. A high-level multisectoral National AIDS Committee chaired by the Minister for Health was formed in 1989 to oversee the national AIDS programme in Myanmar. The National Health Committee, the highest policy-making body in Myanmar, chaired by the Secretary of the State Peace and Development Council, and whose members are ministers from various Government ministries, is providing policy guidelines to enhance HIV/AIDS prevention and control activities in the country.

Although international assistance has been limited, the Minister of Health has implemented a comprehensive HIV/AIDS prevention and control programme. Priorities in the national AIDS programme include health education geared to behavioural change, care and compassion for persons with HIV/AIDS, condom promotion in a culturally appropriate way, the reduction of the harmful consequences of injecting drug use, blood safety covering remote and rural areas, sentinel surveillance systems including behavioural surveillance, an enhanced multisectoral approach and the enhancement of the capacity of national non-governmental organizations (NGOs).

Prevention of mother-to-child transmission was implemented in 1998. School-based healthy living and an AIDS-prevention education, as part of the curriculum for schoolchildren from the fourth to ninth grade, have also been introduced in Myanmar, covering 1.5 million students and over 7,000 schoolteachers in 50 townships. A pilot programme for 100 per cent condom use among targeted populations has been launched in some focal townships. Late last year, in accordance with the guidelines of the National Health Committee, the eighth National AIDS Committee meeting established the multisectoral Special Strategic Committee to enhance and upgrade country-wide HIV/AIDS prevention and control activities. This includes increasing awareness and the provision of information about behavioural changes, which is conducive to the adoption of sound and healthy lifestyles, with special emphasis on reaching rural areas, the expansion of voluntary testing and counselling services in both the formal and private sectors, and the strengthening of AIDS/STD teams, especially in early diagnosis, effective treatment of sexually transmitted infections and the adoption of syndrome management strategies.

In conclusion, I would like to reiterate that Myanmar will do its utmost to fight HIV/AIDS with all available resources. We will also continue to collaborate and cooperate with national, regional and international partners to further strengthen our activities. I am confident that our efforts will be successful in combating this public health problem, and in contributing towards the alleviation of the suffering of untold millions in this world.

The Acting President (*spoke in French*): I now give the floor to Mrs. Roslyn Harris, Chairperson of the delegation of Nauru.

Mrs. Harris (Nauru): Nauru welcomes the convening of this special session of the General Assembly to forge an international, multisectoral campaign against the HIV/AIDS pandemic. We are witnessing an unprecedented loss of human lives, lives that are in their prime. Their loss leaves behind orphans and drains the manpower of the worst-affected countries. The international community must stand together in solidarity with those who are being overwhelmed by the disease, to let them know that we are there to help them carry their burden and fight the fight. This is what the United Nations is all about.

In this regard, my delegation fully supports the call for our political leaders, in partnership with other community leaders and civil society, not only to talk about the scourge of the epidemic, but also to lead in the implementation of the targets and undertakings at all levels. This is crucial if we are to move beyond words and promises and win this campaign.

My country knows what it is like to have a population decimated by disease and armed conflict because twice in our history we were at the verge of extinction as a race. The first time was during the influenza outbreak of the early 1900s, when 40 per cent of our population perished. The second time was during the Japanese occupation of our island, when over 25 per cent of the population perished. Therefore, our heartfelt sympathy goes out to the countries that are now facing similar despair brought by the HIV/AIDS epidemic.

Today, a disease that requires no passport or visa to enter our country, and whose presence can be

detected only when it is too late, is in our midst, again posing a threat to our existence as a race. This is the reason why prevention is the mainstay of Nauru's national strategy, coordinated by the Ministry of Health and involving the Ministry of Education, the various religious denominations and civil society. We believe that preventive measures are a crucial and cost-effective means of impeding the spread of HIV/AIDS to our shores. Our efforts are complemented by prevention-based activities in the Pacific by regional intergovernmental organizations, non-governmental organizations and international agencies, such as UNAIDS and the World Health Organization.

The overall population at risk far exceeds that which is already living with HIV/AIDS; resources are limited and being depleted due to the imbalance in the rate at which the epidemic and costs of health care are rapidly outpacing the rate at which resources are being maintained and replenished. There is no cure for HIV/AIDS, and there is no vaccine as yet. These factors underscore the point that prevention must be the mainstay of the campaign against the HIV/AIDS pandemic.

Respect for and protection of all human rights, in particular the rights of women, including their reproductive and sexual rights, and the rights of children, especially girls, must be an integral part of any programme against HIV/AIDS. In that regard, we support the call to Governments that have not done so to ensure that their national laws, policies and practices are inclusive and that they enhance equality and participation for all, particularly persons living with HIV/AIDS.

Nauru recognizes that treatment, care and support are vital in reducing the negative impact of the epidemic on the social and economic development of the most affected countries, especially the least developed and the heavily indebted poor countries. Priority should be accorded to treating pregnant women with HIV/AIDS to prevent mother-to-child transmission, and to the care and support of infants and children living with HIV/AIDS. Special attention should be given also to children orphaned and made vulnerable by HIV/AIDS.

Nauru agrees that special attention should be focused on sub-Saharan Africa, where 75 per cent of people living with HIV/AIDS are located, and where the number of infected individuals is growing at the rate of more than 3 million per year. However, that focus should not cast a shadow over the other regions of the world, as they too require attention. That is true especially of the South American and Caribbean countries, as well as of the Asia-Pacific region, where over 60 per cent of the world's population live and where the potential for rapid expansion of the epidemic exists. In that regard, my delegation is pleased to see that consensus has been reached that the other regions of the developing world should be given their due recognition, particularly in terms of resource allocation.

The Nauru delegation cannot conclude without paying tribute to the Secretary-General, Mr. Kofi Annan, for his leadership and perseverance in this campaign, and especially for his efforts to create a global HIV/AIDS and health fund. His untiring efforts to secure commitments from developed countries, multinational corporations and the wealthy are to be applauded. We also applaud those countries, wealthy individuals and corporations who have already pledged to contribute to the fund. In that connection, I have instructions from my Government to submit to the Assembly a proposal that calls for each State Member of the United Nations to contribute to the fund, in United States dollars, an amount equal to one dollar per head of its population. My Government is ready to pledge its share.

The President, the two facilitators, Ambassador Wensley of Australia and Ambassador Ka of Senegal, and the Secretariat have all done their work for mankind with distinction; the future now depends on what our respective leaders do with this unique opportunity.

My delegation has come from afar with the commission to declare my Government's readiness to join in adopting the draft declaration of commitment. I want to return home with that commission discharged.

The Acting President (*spoke in French*): I call next on His Excellency Mr. Felipe Paolillo, Chairman of the delegation of Uruguay.

Mr. Paolillo (Uruguay) (*spoke in Spanish*): Mankind is at war, and the enemy is such that the traditional weapons used by the international community to fight its enemies seem no longer to be effective. The scale of the tragedy unleashed by the HIV/AIDS epidemic is of global proportions; its consequences are devastating; its impact in the social,

cultural and economic fields leads to the disintegration of families and of entire communities. The epidemic continues to spread uncontrollably. It is not with solemn declarations, however carefully drafted, or with symbolic gestures of solidarity that we will overcome this calamity.

If we wish to save human lives and to bring the pandemic under control and ultimately eliminate it from the face of the Earth, we must act urgently and immediately. We must seek new approaches to cooperation and solidarity that will be open to all without exception; we must adopt flexible and comprehensive approaches; and we must pursue more effective programmes.

That means, first of all, that we must adopt an integrated and all-encompassing approach to the various and complex aspects of the epidemic. Such a holistic approach, however, should not make us overlook the specific characteristics of the epidemic in each country or region. Instead, it should enable us to take action that is appropriate to the characteristics of each case.

Secondly, a holistic approach to the problem means that we must act from a human-rights perspective, with respect for the universality, indivisibility, interdependence and interrelationship of those rights. That is an essential precondition for combating the stigma, silence and prejudices associated with AIDS.

It is in the context of the fight against AIDS that we put to the test our declared commitment to respect and implement human rights. Uruguay, which has mainstreamed human rights in its strategy to combat AIDS — which, let me note in passing, affects mainly vulnerable groups — has achieved results that confirm the correctness of that approach. Since 1984, we have been working tirelessly in all areas related to prevention, education, diagnosis, treatment and epidemiological monitoring. A national AIDS programme was established in 1987. From the outset, the programme has worked in cooperation with the World Health Organization, with the Pan American Health Organization and, since 1995, with UNAIDS.

In 1996, the first standards for antiretroviral treatment for adults and children were laid down, and since 1997 all AIDS patients in Uruguay have been receiving 100 per cent medical coverage, including the provision of all antiretroviral drugs.

That requires the country to make a major effort in terms of both human and financial resources, but that effort has been rewarded by a reduction in the rate of growth of the epidemic, a drop in the incidence of vertical mother-to-child transmission from 26 per cent to 6 per cent, a decline in hospitalization rates, and an improvement in the quality of life of patients.

Thirdly, the war against AIDS cannot be won within a reasonable time if we do not involve in our efforts non-governmental organizations and civil society institutions, whatever their orientation. Their activities must complement those of Government. International cooperation against AIDS cannot succeed if it does not involve the integrated efforts of all concerned actors.

Finally, there is only one road to winning the war against AIDS: the road paved with financial resources. The problem of AIDS is a very complex one, but its solution holds no mysteries and can be summarized in one word: resources. The overwhelming wave of death and human misery that HIV/AIDS has unleashed can be countered only if the necessary resources are made available to undertake intensive and broad-based preventive programmes; to provide the necessary care, assistance and treatment to AIDS victims and to those affected by the virus; to reduce the price of medicines; to educate and provide information about the epidemic; and to care for the millions of orphans that it has left behind in its wake.

Despite the fact that it is currently experiencing one of the worst economic crises in its history, Uruguay has just established a national fund to combat AIDS. The goal is to pay for the medications and clinics that are needed to treat the infection.

In this regard, the circumstances of history have placed an enormous responsibility on the countries of the first world. They are the only countries that have the capacity to provide the resources to fund the actions that are essential if we are to liberate the world from this scourge. This is a responsibility that the Governments of the most powerful countries must share with the major economic actors in the world. The beneficiaries of the globalized economy must finance the fight against globalized disease.

If it was possible to allocate $200 billion to guard against the millennium computer bug — which, when all was said and done, took no victims — it should be possible to collect the $10 billion needed to establish

the fund to fight HIV/AIDS. This is an investment in self-defence, even for the least-affected countries, because the fight against AIDS in the remotest part of Africa or of Latin America is a fight for security, well-being and peace in the rest of the world.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Fayssal Mekdad, Chairman of the delegation of the Syrian Arab Republic.

Mr. Mekdad (Syrian Arab Republic) (*spoke in Arabic*): It is a great honour for me to address the countries of the world that are present at this special session of the General Assembly. I convey to all greetings from the Syrian Arab Republic and best wishes that in these three days we may achieve the desired international consensus so that a comprehensive plan to control and prevent the frightful spread of AIDS can be developed.

The special session is extremely important because everyone's eyes are focused on it. It is a great opportunity for us to reaffirm our commitment to combat this unprecedented epidemic through a comprehensive plan of action and response. We hope that we can live up to our responsibilities and that we can focus on the importance of combating and preventing AIDS throughout the world, without any discrimination or selectivity whatsoever.

The Government of the Syrian Arab Republic understood at a very early stage the danger of this disease and considered it cause for alarm. Since 1987 we have had a national programme to combat this disease. Syria provides medical care to its citizens free of charge, no matter the cost of the treatment. It has included free AIDS treatment in its medical policies. We also have a national committee to combat AIDS that includes representatives from Government ministries, unions and grass-roots organizations and societies. We work in cooperation with the Syrian authorities and the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to fight this disease. We have also taken the following steps.

We train people in every ministry and in all the grass-roots organizations to raise the awareness of the population; we educate doctors, nurses and medical workers about this disease and the means to combat it; we also educate the most vulnerable groups among our people and reassure citizens about the state of their health. We have ongoing field studies. We publish brochures and produce posters to try to prevent the spread of this disease.

We also conduct surveys to see what the epidemiological situation in the country is. We give AIDS patients both physical and psychological treatment, free of charge. We also coordinate activities with blood banks to make sure that donated blood is indeed clean and healthy.

As a result of these health efforts and of the efforts of the grass-roots, social and religious organizations, the spread of the epidemic in Syria has been limited. As of the end of the first quarter of 2001, 139 Syrian citizens had AIDS, and 86 resident aliens had the disease. So the total number of AIDS patients is 225.

Thus, it is an epidemic, and we think that each State has to draw up appropriate national strategies to prevent the spread of the disease and to combat it. International efforts should focus on mobilizing all resources. We need to share the results of scientific research and technological progress. Proper drugs and treatment must be provided.

Further, we need to recognize the fact that humans are entitled to development. We believe that abject poverty and homelessness help to spread this epidemic.

At the same time, we believe that in our joint efforts we should not ignore or provide feeble excuses for this human tragedy caused by AIDS. We all have an obligation to fight this epidemic. We need to set aside our differences. We must all embark on the long path that will lead to the elimination of this epidemic. In so doing, we also need to respect other peoples' cultures, religious values and norms.

Yesterday and today we have heard our colleagues say that Africa is the continent hardest hit by this epidemic. It is clear that this epidemic has had a negative impact on Africa's economic and social development. We support the final document adopted in Abuja at the African Summit, and we appeal to the international community to provide generous financial assistance to the global fund so that it can resolve the problems posed by this epidemic. We think that the foreign debt of African countries should be cancelled so that they can use their resources to combat AIDS.

I wish the special session every success so that we may be able to save humanity from this disaster threatening the future of man everywhere. We are convinced that with genuine political will, global solidarity and the provision of necessary resources we will have a hope of combating this epidemic, for a better future for all of mankind.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Enrique Manalo, Chairman of the delegation of the Philippines.

Mr. Manalo (Philippines): Let me commence by stating that the Philippine Government welcomes this special session, which addresses calls for comprehensive and effective action to halt and reverse a global health catastrophe that has threatened to decimate populations, retard economic growth and development and leave millions of children bereft of care, guidance and a secure future. I speak of the HIV/AIDS disease, which last year alone claimed the lives of millions of people, many of them children. This disease has robbed schools of teachers and families of breadwinners and parents, leaving orphans and the elderly destitute. It has diminished the number of productive citizens, thereby threatening the very survival of certain nations.

The Philippines' HIV/AIDS situation can be described as a low infection/slow progression disease. The level of prevalence among those presumed to be most vulnerable is low, and the incidence of HIV/AIDS cases is also low. Though the Philippine response to the disease has preceded any rapid increase in its prevalence, this does not alter the urgent need to reduce significantly the prevalence and incidence of this epidemic.

In that regard, the country's leadership responded quickly. The Philippines enacted the AIDS Prevention and Control Act, which mandated the prevention and control of HIV/AIDS in the country and reaffirmed the human rights of infected and affected persons by protecting their confidentiality and prohibiting discriminatory acts and policies. Moreover, the Philippine National AIDS Council, the country's highest policy-making body on this matter, was created to coordinate and direct activities pertaining to HIV/AIDS. Our efforts have also included the active participation and substantial contribution of civil society and many excellent individuals and organizations. We have also mobilized local responses to the epidemic on a national scale.

An effective response to the HIV/AIDS pandemic begins with the recognition of HIV/AIDS as a serious challenge to a people's health and a nation's development. In meeting this challenge, we must encourage the participation of people living with HIV/AIDS as well as vulnerable populations. Governments must enact legislation and adopt measures that ensure non-discrimination and protection of the rights and dignity of those living with AIDS. Alternative livelihood opportunities must also be provided to reintegrate people living with AIDS with their families and communities.

For a country with a low HIV/AIDS prevalence such as the Philippines, attention to the more visible sexually transmitted infections problem is necessary. The reality in resource-poor developing countries is that the cost of prompt and effective treatment of sexually transmitted infections remains prohibitive. It needs to be made affordable. Moreover, in allocating international donor resources for HIV/AIDS, it would be wise to maintain a constant portfolio for sexually transmitted infections, including HIV/AIDS interventions, so as to have a forward defence strategy against a future HIV/AIDS epidemic. We join Governments that have advocated that, on the matter of drugs essential to the survival of human beings, the right to life should take precedence over any commercial, or other, interest.

An effective response to the pandemic must include attention to the plight of migrant workers and their families and their vulnerability to HIV/AIDS. Governments should consider providing a basic minimum package of information on the prevention of HIV and sexually transmitted infections, and the corresponding essential diagnostic, early treatment and counselling services to those people moving across their borders at the fringes of their respective laws. We hope to see these requirements as part of this session's declaration of commitment.

Regional action is also imperative to counter the spread of HIV/AIDS. In our part of the world, the Association of South-East Asian Nations has included HIV/AIDS in the agenda of its forthcoming summit, in November, in order to place HIV/AIDS at the top of our respective national agendas, collaborate on inter-

country, cross-border issues and exchange technical expertise and experience.

Finally, this special session represents the international community's commitment to constructive action against HIV/AIDS. Collectively, and with the necessary political will, we stand more than a chance of success. We must, however, act now.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Husein Zivalj, head of the delegation of Bosnia and Herzegovina.

Mr. Zivalj (Bosnia and Herzegovina): It is indeed my honour and privilege to address this historic gathering on behalf of Bosnia and Herzegovina. At the outset, I would like to underline that this may perhaps be the very last moment for such a session, because it is so obvious that we are facing one of the most horrible threats to humanity ever.

Many countries are badly affected; some of them may even be erased from the earth. Over 36 million people are HIV-positive. It is the obligation of the entire world community to finally orchestrate the efforts to stop the spread of the disease and to eradicate it.

Bosnia and Herzegovina belongs to the group of countries with a low prevalence of HIV/AIDS, but that does not mean that we should not be concerned. When the very first patient with HIV/AIDS was diagnosed, 20 years ago, nobody could have predicted such a human calamity. Unfortunately, in the meantime millions of people have died. In fact, they are dying even now, while we discuss this issue. The whole world today expects us not only to express full commitment to combat the disease, but also to determine a wide spectrum of measures that we should be ready to undertake at the national, regional and global levels. Every segment of society must have its own task streamed into joint efforts to fight the world's number-one enemy today.

It is high time for a strong and united world action plan. Everyone can contribute. We are very encouraged by the initiative to establish the global AIDS fund. We would like to appeal to rich countries, companies and individuals to contribute to it. As Secretary-General Kofi Annan already mentioned in his speech, we now need more than ever to see solidarity among the rich and the poor, the healthy and the ill. The poorest countries in Africa are the most affected, and we should request the rich and developed countries to significantly increase their funds for medical treatment and research.

At the same time, the poorest and the least developed countries have to be assisted in building their own capacities for establishing accurate databases for easier follow-up. Without adequate follow-up, it will be impossible to estimate achievements and to plan future action, at all levels. Educating the people and explaining in detail about all the hazardous forms of behaviour that lead to the fatal disease, especially sexual behaviour, could contribute to prevention. One of the significant roles in the field of prevention of HIV/AIDS is reserved for religious and spiritual leaders.

Furthermore, countries should exchange positive experiences and cooperate at the regional level via special committees for fighting HIV/AIDS, which have already been established in many countries.

We strongly support the adoption of the decision requesting the Secretary-General to address the General Assembly every year with a special report containing all relevant data at the national and regional levels to assess how successful we are in fulfilling our tasks deriving from the final document to be adopted at the end of this General Assembly special session. The countries with the highest rates of HIV/AIDS among their populations should submit national reports even more often. It is of paramount importance that we be capable of responding to the challenges in every part of the world.

Finally, let this special session of the General Assembly on HIV/AIDS be not only a forum for combating this disastrous disease; let it boost better cooperation among peoples and civilizations in other fields, to the benefit of us all.

The Acting President (*spoke in French*): I now call on His Excellency Mr. Jaksylyk Doskaliev, Chairman of the Agency on Health Care of Kazakhstan.

Mr. Doskaliev (Kazakhstan) (*spoke in Russian*): Kazakhstan has been no exception and has also been drawn into the HIV/AIDS pandemic. The cost of ignoring or denying the problem is too high. A correct understanding of the threat of HIV has led the highest authorities of our State to define a future strategy for combating the spread of HIV/AIDS.

In 1994 the country adopted a law on preventing AIDS. In 1995 the Government set up a Coordination Council to optimize interaction among ministries, departments and services in carrying out preventive measures for HIV/AIDS. In 1996 our Government adopted a national programme to prevent and combat AIDS. In 1997 we signed a law on protecting the health of the citizens of Kazakhstan, which lays down the legal, economic and social bases for protecting the health of our citizens. In our efforts to combat HIV, we have drawn on the experience of other countries and have secured the participation of public and private organizations and international donor organizations.

The spread of the epidemic in Kazakhstan is alarming. Our country encountered HIV infection for the first time in 1987. As of 1 June 2001, 1,799 HIV patients had been registered, of which 39 have AIDS. It should be noted that 89.5 per cent of HIV-infected people are young, socially active and of working age — between 15 and 39 years old. The number of women with HIV is growing. They now account for 22.5 per cent of the total number, and they are all young and of child-bearing age. It is tragic when a woman is HIV-infected, but it is doubly tragic when the children are infected by their mothers. Kazakhstan now has 22 children whose mothers were HIV infected and two of those children have been diagnosed as HIV infected.

More than 85 per cent of all HIV-infected people in Kazakhstan are injecting drug users. With the cooperation of UNAIDS, we are actively introducing and carrying out damage-control programmes among injecting drug users. It is clear that without the active assistance of international and United Nations programmes on HIV/AIDS and on crime prevention and drug abuse, it would be impossible to combat the problem of drug addiction and the drug trade. About 40 per cent of prison inmates were found to be HIV-infected. The overwhelming majority of them were infected through injecting drug use. With the technical assistance of UNAIDS and the Soros Fund in Kazakhstan, a programme is now under way to limit the spread of HIV in penitentiaries.

The vulnerability of men who have sexual contacts with other men has largely been determined by society's negative attitude to homosexuality. Kazakhstan has introduced into its criminal code changes to liberalize the legal approach to homosexual contacts that do not involve coercion or children.

Kazakhstan's geographical position, which makes it a country through which heroin is transported illegally, and its complicated social and economic situation have drawn the citizens of the country into using intravenous drugs and involved them in the sex trade — activities which promote the spread of HIV.

Nevertheless, after an objective evaluation of the HIV/AIDS situation and its possible consequences, in December 2000 the Republic adopted a draft State policy to combat HIV/AIDS in the country. This includes preventive action in the following main areas: increasing measures to support the constitutionally guaranteed rights of our citizens and social protection for priority groups of the population; reducing the vulnerability of groups that indulge in HIV-prone activity; improving the State's policy of involving civic organizations in solving the problem; improving the provision of information and education programmes that promote a healthy way of life; and improving the quality of medical and social services.

Kazakhstan has drafted a multisectoral national programme to combat the AIDS epidemic in the country. The Government of the Republic of Kazakhstan is grateful to the United Nations for the support given to it, and we look forward to further cooperation.

The Acting President (*spoke in French*): The Assembly will now hear a statement by His Excellency Mr. Serbini Ali, Chairman of the delegation of Brunei Darussalam.

Mr. Ali (Brunei Darussalam) (*spoke in English*): Like others who spoke before me, I take this opportunity to congratulate the President on his election. We look forward to very successful sessions under his wise and skilful guidance. I also extend our deepest appreciation to members of your Bureau, to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and to the facilitators for their countless efforts in preparing this significant and timely event.

We have all come to terms with the fact that HIV/AIDS is now more than just a public health issue. The HIV/AIDS pandemic constitutes a global crisis with devastating consequences, threatening peace and stability and undermining economic development efforts and social cohesion.

This special session is therefore a turning point in the history of the epidemic. To this end, both the

General Assembly and the Economic and Social Council have been instrumental in their efforts to address this very important issue. We are pleased to see that the bodies of the United Nations system, such as the United Nations Children's Fund, the United Nations Development Programme, the United Nations Population Fund, the United Nations International Drug Control Programme, and others, such as the World Health Organization and the World Bank, are actively incorporating this issue in their development, technical and funding programmes. This has been made possible through the active leading role of our Secretary-General, Mr. Kofi Annan, to whom we would like to pay a heartfelt tribute.

Despite the fact that the prevalence rate continues to be very low in Brunei Darussalam, the magnitude of the problem, with its harmful social and economic impact, has made us view the HIV/AIDS problem with great trepidation. His Majesty's Government has taken appropriate steps to ensure that the low level of infection in the country does not worsen. Our experience to date with HIV/AIDS cases, albeit small in number, has also provided us with insight into the management needs of the disease. Our primary response has been geared to addressing the needs of the infected individuals, and this includes clinical care, support and counselling services. At the same time, our efforts have been concentrated on prevention and control strategies. The Government has been working to ensure the protection of the national blood supply, and is intensifying the surveillance of high-risk groups, carrying out case management and encouraging the involvement of other, non-health sectors in the management of HIV/AIDS.

An awareness campaign for increased understanding, with the objective of promoting appropriate responses and an attitude of acceptance to HIV/AIDS cases in the country, was initiated at the onset of the epidemic and continues to be carried out. Emphasis on education about HIV/AIDS within the context of cultural and traditional values is another approach taken by the Government.

At the regional level, Brunei Darussalam has joined hands with its neighbours in the common effort to address the problem. The Association of South-East Asian Nations (ASEAN) Task Force on AIDS was set up to intensify collaborative efforts to curb the spread of the disease, to exchange information, to strengthen collective responses to the problems and challenges posed by HIV/AIDS and to mobilize resources to support the implementation of priority activities. The ASEAN leaders' summit that will take place in Bandar Seri Begawan this November has rightly placed the issue on its agenda. This will be a timely opportunity for member countries to reiterate and strengthen their original commitment to combat the disease.

It is clear that HIV/AIDS will remain one of the most serious social and economic problems to confront us in coming decades. We must resolve to prevent the further spread of the disease and to continue our fervent search for a cure. In that context, Brunei Darussalam appreciates the support and collaboration of many stakeholders for their valuable efforts in tackling the epidemic.

The declaration of commitment to be adopted by this special session has laid down important targets and goals to address the issue effectively and comprehensively. Of the utmost importance is, of course, the political will and commitment to act on our promises. My country hopes that we, the international community, will make a difference.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Dejan Šahović, Chairman of the delegation of Yugoslavia.

Mr. Šahović (Yugoslavia): This special session of the General Assembly takes on special political significance as an effort to formulate a global response to the devastating HIV/AIDS crisis. We also see it as a sign that the international community has come to consider the fight against HIV/AIDS one of its top priority tasks. My country is ready to render its contribution to actions that we hope will follow as a result of agreements to be reached at this session.

In years past, the HIV/AIDS epidemic followed a slow but steady pace in Yugoslavia. At present, there are 908 patients, with just over 1,000 registered HIV-infected persons. However, according to some estimates, up to 10,000 people may be HIV-positive. These figures place Yugoslavia among the countries with low prevalence. Nevertheless, this data has to be understood in relative terms, since the prevalence rate is still higher than in most countries in our immediate vicinity.

Moreover, Yugoslavia has the agglomeration of all factors known to favour the outbreak and the fast progress of the epidemic. These factors include a long-

lasting economic crisis affecting all segments of society and affecting the functioning of the most important systems, such as health and social protection or education; stratification of society and the emergence of new social tendencies that threaten traditional values; increasing crime, violence and prostitution; easy access to narcotic drugs and inappropriate anti-drug legislation; large migrations of a great number of refugees and displaced persons; and, of course, prolonged armed conflicts in and around the country.

These factors have existed over a number of years, bringing the serious risk that the epidemic could change its nature and transform itself from a silent and slow affair to an eruptive one, as we have already witnessed in some countries of the broader region of Eastern Europe. They account, in particular, for the vulnerability of young people, for whom risk-taking behaviour becomes a basic lifestyle and a matter of choice.

Faced with these problems, my Government is ready to respond systematically to the existing challenges, even though there are many obstacles to doing this quickly and effectively. Yugoslavia is prepared to make considerable efforts in mobilizing resources to combat HIV/AIDS. The measures envisaged include the establishment of a national committee for HIV/AIDS, assistance to non-governmental organizations and civil society at large, special focus on young people and preventive programmes for them and measures aimed at protecting the rights of people living with HIV/AIDS.

We are also ready to join forces and address the problem at the regional level, since the epidemic, as we are all aware, recognizes no borders.

Unfortunately, there are serious limitations in the involvement of the Government, as resources are scarce and cannot be relocated from other sectors. They are simply unavailable elsewhere. For example, the almost empty coffers of health insurance companies hardly provide any comfort and relief, as they enable only 20 per cent of AIDS patients to get medical treatment. This prohibits the use of resources for preventive activities, since they would have to be diverted from other equally urgent needs.

Like many other countries, including those in South-East Europe, Yugoslavia is not in a position to fight all these difficulties alone. We know that the scope of the HIV/AIDS epidemic is enormous in Africa, as in some other regions, and that its consequences are particularly harsh there. We therefore support the concept envisaged in the draft declaration of commitment on HIV/AIDS that provides for special attention by the international community to those areas. However, we are of the opinion that our region needs appropriate international assistance as well. Prevention now will save many lives later.

In that context, Yugoslavia welcomes the proposal made by the Secretary-General to set up a fund as a mechanism to mobilize additional financing in order to help national programmes and strategies and to ensure the use of resources in the most effective way by those who need them the most.

For our part, we will do our best to play a constructive role in fighting HIV/AIDS, both globally and regionally.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Jassim Mohammed Buallay, Chairman of the delegation of Bahrain.

Mr. Buallay (Bahrain) (*spoke in Arabic*): Bahrain sincerely congratulates the President of this special session of the General Assembly on HIV/AIDS. We are convinced that his guidance will lead us to success.

The problem of HIV/AIDS has become a global one affecting millions of people, and it continues to threaten all of mankind. Unless there is real international cooperation to deal with it, we will not be successful. No region is immune to this pandemic.

For various reasons, HIV/AIDS is not a serious problem in Bahrain. Incidence is very limited. However, we have taken preventive steps to stop its spread. We have a national programme that was set up in 1982 to combat this infection. We have also taken the necessary health steps to use advanced technology to analyse blood, to detect cases of infection and to deal with them.

This does not mean that we in Bahrain are indifferent to areas of the world that suffer from this epidemic or that we do not have sympathy for its victims. Particularly because of the new means of communication among various areas in the world, we are willing to cooperate with concerned leaders to help stem this problem, the number of whose victims has exceeded that of all wars.

The spread of HIV in my country is mainly among intravenous drug users and people having sexual relations with sero-positive partners. This is why we have made concerted efforts towards greater cooperation and coordination in preventing the spread of this virus among our people, particularly among young people, who constitute the most vulnerable group.

We wish to pay tribute to national and regional programmes to combat HIV/AIDS in the Middle East region, particularly the sensitization programme, the treatment guides programme, and the health services' voluntary check-ups and early detection programme to prevent the spread of the virus in Middle East States.

This special session must renew its international, national and regional commitments to combat HIV/AIDS by taking specific practical action, inter alia, to look at this epidemic and the conditions that surround it from a new standpoint. We need to adopt an international strategy based on changes in human behaviour in order to protect society, to provide the best treatment to those infected and to prevent the spread of the disease.

If we persevere and pool our efforts, we will conquer this disease, particularly through integrated international cooperation. A lot remains to be done to stem this disease and ultimately eliminate it. The first task is to make people aware of the disease, its dangers and its causes. This has to be done through a well-designed plan free from any propaganda or commercialization. An example of this is what the pharmaceutical companies have done with regard to prices of AIDS drugs in Africa. This sensitization has to be started at an early stage, before the infection gains ground. This means that young people must be educated at a very early age to protect them from exposure to this disease or other diseases that are caused by wrong practices, diseases that in themselves are social rather than physical ills.

In view of this situation, this session has a special responsibility to shoulder. We need to adopt concrete, reasonable action to eliminate this pandemic. Treatment is long and costly, so the cost of drugs has to be borne in mind. They have to be made affordable to the most disadvantaged people who are affected by this disease.

We are all aware of the situation in Africa. I do not need to go into detail here. We need to move towards finding a solution and better treatment. We should not disregard this pandemic. International cooperation through the United Nations is essential in coordinating efforts among the rich States in the North and the countries in the South that need drugs and financing. This is not the place to enter into any controversy, to say who caused the pandemic and who should pay the bill for it. The disease has spread among all countries, rich and poor; therefore, we need to actively find the best way to confront and eliminate it.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Elias Gounaris, Chairman of the delegation of Greece.

Mr. Gounaris (Greece): I am honoured to address the Assembly on behalf of the Government of Greece at this special session of the General Assembly on HIV/AIDS. Yesterday, the Minister of Health and Social Affairs of Sweden, in his capacity as Presidency of the European Union, delivered a statement to which my Government fully subscribes. In that statement it was stressed that we will be making history by adopting the first United Nations declaration of commitment on HIV/AIDS. It was also stated that making history does not lie in the adoption of the declaration but in its implementation by all members of the international community.

AIDS is a problem of the entire world; it knows no boundaries. It is a clear challenge to the entire international community. Indeed, this global crisis deserves global action.

Greece welcomes the emphasis given to the role of leadership as an essential response to the epidemic, as well as to prevention, care, support and treatment, which are mutually reinforcing and constitute the fundamental elements of an effective response to the disease. We are also gratified to see the importance given to respect for human rights, especially women's rights, which reduces vulnerability; to the priority that must be given to the vulnerable; to the need to address the social and economic impact of AIDS; and to the need for new, additional and sustained resources and further research and development.

Greece would also like to stress the importance of certain other elements in the fight against HIV/AIDS.

There is a need to face human suffering in the spirit of unconditional care and support, according to the well-known Hippocratic oath.

There is a need to dissociate our personal beliefs and prejudices from the harsh reality of a world pandemic.

We need openness, information and the breaking of some taboos — for example, those regarding sexual orientation.

There is a need to combine affordable access to care services, and especially to medicine, with appropriate quality control, management and structures, thus avoiding superficial and ineffective approaches.

There is a need to give priority to removing political and legislative obstacles and to give people living with HIV/AIDS decent care, with particular emphasis on vulnerable groups, including undocumented migrants.

There is a need to ensure access to information and education about HIV and interpersonal relations.

There is a need to strengthen gender equality and the empowerment of women in order to avoid behaviours that endanger the health of women and girls.

There is a need to reduce the impact of natural disasters and armed conflicts on the spread of AIDS.

There is a need to reduce poverty, since the poor are the most vulnerable and least equipped to cope with the epidemic.

There is a need to fight the discrimination, stigmatization and alienation associated with HIV/AIDS, as well as the need to build an international society based on solidarity.

Strong partnerships involving Governments, the United Nations system and intergovernmental organizations, people living with HIV/AIDS, medical and scientific societies, community and non-governmental organizations, the business sector, trade unions, the media, parliamentarians, opinion-makers, celebrities, foundations and faith-based organizations are vital to the struggle against AIDS. We would in like in particular to praise the leading role of UNAIDS in the fight against the epidemic.

Greece would like to welcome the major contribution of civil society actors, both to the preparatory process and the special session itself. Civil society participated actively in the identification of major issues and problems regarding AIDS and in the fight against the epidemic. We wish to commend and praise the dedication and solidarity of civil society organizations. Citizens of Greece, as well as other people living in the country, turn to the Hellenic Centre for Infectious Disease Control, which deals with surveillance by collecting epidemiological data. AIDS patients in Greece are entitled to diagnosis, medical, social and psychological support, medical observation, clinical tests, retroviral therapy and hospital admittance free of charge in special units. A basic monthly allowance is granted to the less fortunate, as well as support by community organizations.

The worldwide effort is now being given new impetus. This world Assembly addresses a very strong message to all human beings: we care.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Erwin Ortiz, Chairman of the delegation of Bolivia.

Mr. Ortiz (Bolivia) (*spoke in Spanish*): This special session of the General Assembly is real evidence of the battle that the international community has begun to wage against the very serious scourge of acquired immunodeficiency syndrome (AIDS).

When it was in its early stages hardly anyone paid attention to this disease, except those who were suffering from it, but it has now become a real threat to the survival and viability of peoples and nations. This has been dramatically described by the heads of States who have spoken from this very rostrum.

There was a serious error of perception. What would have happened if the problem had been faced more seriously and with greater sensitivity, and if the wise proverb "An ounce of prevention is worth a pound of cure" had been applied? Clearly, we would not be in this situation, with millions of people — men, women and children — from all continents and of all races paying with their lives for an error that we must now correct.

This is a great opportunity, and we must not waste it. We must form a new alliance; not a rhetorical alliance of promises that are not kept, but rather an alliance for action, determination and responsibility on the part of the leaders of the international community, heads of State and Government, international organizations, actors and leaders of civil society in their various manifestations and each and every one of

us present here. This struggle must be undertaken at global, regional and national levels, but particularly at the level of every individual, at the level of every person.

We must not lose perspective in this struggle. It is not enough to say that HIV/AIDS is a global problem that requires global solutions. This problem was and is the sum of one, of two, of three, of a hundred and of millions of infected people, and because of the threat it represents, it has become global in dimension. But the solution depends on the treatment and attention given at the level of each individual, of each person. Therefore, if we wish to win this fight, it is imperative to create and establish the necessary means and instruments so that every family, local community, State and region and the international community can, according to their capabilities and responsibilities, ensure that every person enjoys healthy and safe surroundings and that others have the required treatment.

The international community today, unlike in the past, has the scientific and technological knowledge, as well as sufficient financial resources, to serve our common objectives. We know very well that HIV/AIDS is increasingly concentrated in the developing countries, particularly in the least developed countries, where poverty, lack of education and lack of appropriate medicine have created fertile conditions for the virus to proliferate. We must struggle against the causes and not just against the symptoms.

Because of its socio-economic and cultural implications, my delegation — which includes representatives of civil society and people affected by AIDS — believes that beginning now we must undertake certain imperative tasks. We must increase awareness campaigns to prevent the threat of HIV/AIDS at global, regional, national, community and individual levels. We must ensure access to drugs, technology transfer and available scientific knowledge for the benefit of affected persons. We must intensify our fight against poverty, cancel the external debt and strengthen and accelerate the growth and economic development of developing countries.

At the regional and subregional levels, my country, together with the countries of the Rio Group and the Andean Community, has been participating actively in the deliberations on and the elaboration of the draft declaration of commitment, which we hope will give fresh impetus to our fight against this scourge.

We also reiterate our support for the document submitted by the Horizontal Technical Cooperation Group of Latin America and the Caribbean, community networks and persons living with AIDS, adopted on 16 February in São Paulo, Brazil, in which the importance of prevention before cure, free access to antiretroviral drugs and support for families and AIDS orphans is highlighted.

I must point out that the epidemiological situation of Bolivia with regard to AIDS, according to specialized international agencies, is in the initial stage. However, services for prevention and control provide insufficient coverage, from the point of view of both the general population and the vulnerable groups. The Bolivian health system covers only 70 per cent of the population. The remaining 30 per cent in the rural and depressed areas, unfortunately, lacks care. Bolivia has high rates of infectious diseases. The maternal and infant mortality rates are among the highest in the region. I refer to these aspects because a large part of the resources available for health are consumed by these problems. Therefore, international cooperation in this fight against HIV/AIDS continues to be vital to my country. Furthermore, my Government is working on the formulation of a law on AIDS in order to stimulate and carry out policies in this area.

In conclusion, allow me to congratulate Secretary-General Kofi Annan on his initiative of creating a global fund for the fight against AIDS, for which we offer him our most fervent support.

The meeting rose at 1.25 p.m.

United Nations A/S-26/PV.5

General Assembly

Twenty-sixth special session

Official Records

5th meeting
Tuesday, 26 June 2001, 3 p.m.
New York

President: Mr. Holkeri ..... (Finland)

The meeting was called to order at 3 p.m.

Agenda item 5 (*continued*)

Organization of the session

The President: I should like to draw the attention of members to a change in the chairmanship of round table 3 and hence in the membership of the General Committee. I have been informed that His Excellency Mr. Abdul Malik Kasi, Minister of Health of Pakistan, will chair that round table instead of His Excellency The Honourable Dato' Seri Suleiman Mohamad, Deputy Minister of Health of Malaysia; the membership of the General Committee of the twenty-sixth special session will be amended accordingly.

Agenda item 7 (*continued*)

Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects

The President: The Assembly will now hear a statement by His Excellency Mr. Nagoum Yamassoum, Prime Minister of the Republic of Chad.

Mr. Yamassoum (Chad) (*spoke in French*): Let me begin by conveying the keen regret of President Deby that he was unable to come to New York. I join previous speakers in congratulating the Secretary-General, Mr. Kofi Annan, on having taken a worthy initiative in organizing this special session on HIV/AIDS. This high-level session follows upon the special summit of the Organization of African Unity (OAU), held at Abuja on 26 and 27 April 2001, and reaffirms the international community's collective awareness and its determination to meet the greatest challenge mankind has ever faced and to find a universal, comprehensive response commensurate with its magnitude.

My sincere thanks go to the many heads of State or Government and their delegations who have come here so that we can work together to attain the goals of this special session, which include inspiring world leaders and urging them to act, intensifying international action and, above all, mobilizing the resources needed to combat the HIV/AIDS epidemic. Those goals are ambitious to be sure, but they can be achieved.

The presence here of so many heads of State or Government attests not only to high-level awareness of the gravity of the problem but also, and above all, to an unambiguous determination to face that problem together and to tell our peoples that the struggle is no longer a matter for experts alone. Over the past few years, experience in the campaign has shown that prospects for success improve when advocacy at the highest level is centred on systems that fall under the direct authority of heads of State or Government. I am certain that, when we return to our countries, our active participation in this special session will lead top leaders to take control of those systems in order to inspire their principals to take action.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room C-178. Corrections will be issued after the end of the session in a consolidated corrigendum.

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Mr. Khudabux (Suriname), Vice-President, took the Chair.

My own country will significantly heighten the active struggle to which we have been committed since 1986, when the problem was discovered in our territory. The key milestones on the long path we have taken include: the 1988 establishment of a national programme to combat AIDS and of associated bodies such as the National Council to Combat AIDS and the Technical Commission against AIDS; the creation in 1989 of a consensus workshop against AIDS; the formulation of a medium-term plan for the struggle against AIDS for the period 1995 to 1999; the establishment of the concept of focal-point ministries; the establishment of our population project for the fight against AIDS; the 1997 restructuring of the national programme to combat AIDS; our 1998 commitment to a process of strategic planning; the establishment in 1999 of a network of parliamentarians for population and development, committed to the fight against HIV/AIDS, a member of which is part of our delegation; since more than three years ago, active involvement by a network of women, ministers and parliamentarians in the fight against AIDS, a member of which is also among our delegation; Chad's commitment since 2000 to making antiretroviral drugs accessible; this year's initiative by countries of the lake Chad basin to respond to population movements in the face of the infection, in which context my country, this month, joined the initiative by countries on the Congo, Ubangi and Chari rivers; our preparations for high-level participation in this special session; and a focus on the fight against AIDS in the context of the Heavily Indebted Poor Countries (HIPC) Debt Initiative. I am convinced that Chad will be confirmed in its strategy by the conclusions and recommendations adopted at this session.

As to the second goal, intensification of international action, we now know, 20 years on, that HIV knows no borders and that it easily benefits from the communication facilities of the twentieth and twenty-first centuries. Only concerted action can, if not put an end to it, at least stabilize it. It is therefore imperative to strengthen international action. A global problem demands a global response. That is the approach of the initiative by countries of the lake Chad basin; to be effective, that initiative needs the support of the international community, and such support is not entirely lacking. We count among our traditional partners UNAIDS — to whose Executive Director, Mr. Peter Piot, I convey my greetings — the World Bank, the International Labour Organization, CARE France and national and international non-governmental organizations; further, I hail the recent initiatives of bilateral partners such as the Republic of China on Taiwan. Other initiatives too are under way, and the international partnership has grown. But central tasks remain to be done.

This unique session must serve as a catalyst for broad, concrete action. Such action must in particular include such elements as providing facilities through which countries such as mine could gain affordable access to combination therapies and antiretroviral. Given the worldwide threat, the quest for profit must yield to solidarity. It is not moralistic to say that; it is simply to underscore the facts and the gravity of the problem.

That brings me to the third goal: resources, which lie at the core of the war we must fight against the pandemic. Indeed, the HIV epidemic is a thorny development problem which stymies and calls into question the very future of nations. The impact of AIDS is a cause of poverty, which in turn promotes the spread of the epidemic. That is a true vicious cycle that can be broken only by means of increased awareness and through a greater mobilization of resources.

Since the beginning of the epidemic, the world has made many efforts and spent vast sums in the fight against the scourge. But we must admit that, in the face of this public health, security and development problem, the road ahead is still a long one; we shall have to make further sacrifices and devote greater resources to prevention, access to drugs and research. For, as has been noted here, research and prevention are not mutually exclusive: they are in fact complementary.

The Secretary-General's recent proposal at the Abuja summit to set up a special global fund for AIDS and other infectious diseases would help us attain the goals of this special session, and my country, of course, endorses it wholeheartedly. This special session must mark the beginning of a real declaration of war on HIV/AIDS. I am certain that, by pooling our energy, our resources and our strength, we will win that war for our peoples and for our countries.

The Acting President: The Assembly will now hear a statement by His Excellency Mr. Peter Mafany

Mussongue, Prime Minister of the Republic of Cameroon.

Mr. Mussongue (Cameroon): I am very privileged to represent the head of State of the Republic of Cameroon, Mr. Paul Biya, at this special session of the United Nations devoted to the fight against HIV/AIDS. As the Assembly knows, the HIV/AIDS pandemic is today, by its magnitude, the greatest threat to mankind. It is one of the most formidable challenges to human intelligence, as it has defied a solution despite more than 20 years of brain-racking research. Given this situation, it has become imperative for the international community to be mobilized in order to make concrete commitments to check this disaster.

With 25 million out of the 37 million persons infected so far worldwide, Africa is the hardest-hit continent. Today, AIDS is no longer a mere public health problem. It has become a genuine development problem which not only thrives on poverty, but also exacerbates it, threatening to plunge the continent into misery and utter despair. Consequently, the time has come to act rapidly and effectively at the global, regional and national levels. Like many other African countries south of the Sahara, Cameroon, with close to 1 million persons infected, is also seriously affected by the AIDS pandemic. The seriousness of the situation led the Government of Cameroon to formulate and adopt a national strategic plan to fight HIV/AIDS. This plan involves all sectors of activity and is reinforced by a communication and social mobilization plan designed for different audiences. This programme, which I had the privilege to launch in September 2000 on behalf of the President of the Republic, Mr. Paul Biya, immediately became operational, testifying to the commitment of the highest authorities of the State to resolutely combat HIV/AIDS.

Our emergency plan, which is currently being implemented, comprises various activities, notably: information, social mobilization and prevention campaigns; voluntary screening; prevention of mother-to-child HIV transmission; support and management of patients; and various research activities aimed at reinforcing local and multisectoral responses in the urban and rural areas.

This programme has received, inter alia, the technical and financial support of the United Nations system through UNAIDS and a loan of $50 million from the International Development Agency under its multi-country AIDS Programme. Let me avail myself of this opportunity to thank, on behalf of the President of the Republic of Cameroon, the international community for this very appreciable support, which complements the resources we ourselves have allocated for the fight against HIV/AIDS in Cameroon. Moreover, resources resulting from debt relief within the framework of the Heavily Indebted Poor Countries Debt Initiative have been allocated as a matter of priority to this fight.

The Republic of Cameroon shares the concerns of other developing countries, in particular as regards the urgent need to increase the funding for and means of fighting HIV/AIDS, as well as enhancing access for the poor to health care and drugs. With regard to these two issues, Cameroon supports the Abuja Declaration, welcomes with hope the setting up of a global fund for the fight against HIV/AIDS and salutes here and now all the countries that have already announced their contributions to that fund. Furthermore, Cameroon advocates a significant drop in the prices of drugs, especially antiretroviral drugs.

In this regard, it is necessary, inter alia, to adopt a positive interpretation of the Trade Related Aspects of the Intellectual Property Rights (TRIPS) Agreement. In this way, Cameroon, Africa and the rest of the world will together rekindle the hope of facing the challenge of HIV/AIDS, a challenge which must absolutely be overcome if the world is to develop harmoniously.

The Acting President: The Assembly will now hear a statement by His Excellency The Right Honourable Justin Malewezi, Vice-President of the Republic of Malawi.

Mr. Malewezi (Malawi): HIV/AIDS is a worldwide problem, but the greatest threat it poses is to development in the southern African region. The pandemic is undermining our future and the future of our children. The HIV/AIDS epidemic is an emergency, requiring an emergency response by all world leaders.

In Malawi, we recognize that high-level political commitment is important in the fight against HIV/AIDS. Our experience demonstrates the importance of strong political leadership and how a broad-based national consensus can be used in a strategic planning process. Our President, Mr. Bakili Muluzi, has been instrumental in breaking the silence

on HIV/AIDS and in emphasizing a multisectoral approach to coordinate the national response.

We set about creating an approach that emphasizes social mobilization and consensus-building methods to create institutional involvement at the community level. This is contained in our strategic framework for HIV/AIDS, which provides a broad analysis of the existing strengths and opportunities for an intensified response to HIV/AIDS prevention and care. The framework also contains goals for each of the major components of the national response. It contains guiding principles and broad objectives for each component and detailed budget estimates, as well as guidance on how to implement the strategic framework. The programme in Malawi is inclusive and involves a genuine partnership between people living with HIV/AIDS, the Government, civil society, non-governmental organizations, the private sector and religious organizations.

The hope for Africa lies in the uninfected youth, who account for more than 50 percent of the population throughout Africa. The success of our national programmes will therefore depend on keeping youth HIV-negative. This is the greatest challenge facing leaders throughout the world, and this needs our collective energy.

Empowering young people with information about HIV/AIDS is helping to reduce transmission. Young people are the most effective voice in promoting responsible sexual behaviour among youth. This is why the Malawi Government is involving young people themselves in advocacy for change.

Expanding access to education will be a key strategy in keeping young people HIV-negative. Education equips and empowers young people to capture and internalize relevant knowledge, and to transform it into behavioural change. Girls' education is an absolute priority in this regard.

Addressing gender inequality is also a key strategy to reduce the rate of transmission of HIV/AIDS. Women are more vulnerable because of their low employment and security status, as well as their lower incomes. Therefore, empowering women economically and educationally is key to reducing the spread of the epidemic. In this equation, changing men's sexual behaviour is also a crucial component in the fight to prevent the spread of the epidemic.

We in Malawi have developed a comprehensive care programme that includes voluntary counselling and testing, psychological support, palliative care, home-based care, prevention and treatment of opportunistic and sexually transmitted infections and nutritional support. The final component of strengthening care is increasing access to antiretroviral drugs. These drugs lower the viral load and thus contribute to preventing transmission of the virus. People are more willing to undergo voluntary testing to disclose their HIV status if there is the possibility of getting treatment. Promoting access to antiretroviral drugs also has the potential to reduce the rate of mother-to- child transmission. Malawi has developed a comprehensive plan for the structured introduction of antiretroviral therapy. The programme will be implemented in a carefully phased manner over a five- to seven-year period.

African countries carry two major burdens, HIV/AIDS and external debt. This debt burden, of $227 billion, remains a pervasive obstacle to Africa's capacity to address other issues, and diverts scarce foreign exchange from the fight against poverty and HIV/AIDS. While the Highly Indebted Poor Countries Debt Initiative is welcome, it is inadequate to meet the urgent need to expand investment in basic social services and in HIV prevention and care. If the international community is serious about promoting human rights and addressing the global HIV/AIDS pandemic, debt cancellation is a moral imperative.

The HIV/AIDS pandemic is one of the greatest threats to our human family. More than 36 million people are currently infected with HIV. The pandemic has already claimed 22 million lives and created 13 million orphans. We can defeat this appalling epidemic; we know how to prevent transmission of the virus; and we have drugs that can prolong the lives of those infected with HIV and help them to live with dignity and hope. But we need $7 to $10 billion per annum to fully finance a global fund for HIV/AIDS, tuberculosis and malaria. This is less than the cost of one stealth bomber. We must make this global commitment, and we must do it now. Let us invest in human life, not human destruction. We need long-term, committed and sustained leadership to fight HIV/AIDS. Let us therefore aim to work towards a millennium free from the scourge of HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Grzegorz Opala, Minister of Health of Poland.

Mr. Opala (Poland): On behalf of the Polish delegation, I would like at the outset to express our satisfaction at seeing you, Sir, presiding over the General Assembly special session devoted to the issue of HIV and AIDS.

Allow me to extend a few words of respect and appreciation to the Secretary-General. As the Head of the Polish delegation, and at the same time as the Minister of Health, I would like to pay tribute to him and to the General Assembly for their commitment to fight the global scourge of HIV/AIDS, as expressed in the Secretary-General's address to the fifty-fourth session of the World Health Assembly and demonstrated by this special session.

We meet here at a very special time. The first report of five cases of Pneumocystis carinii pneumonia among previously healthy young men was published, as a small case series, 20 years ago, on 5 June 1981. We have since entered the new millennium, and the world is still facing the challenge of responding to the AIDS pandemic. The discrepancy between predictions and actual rates of increase in the prevalence of infection is significant.

Today we call the pandemic the global AIDS crisis. The HIV/AIDS epidemic is worsening, not only in Africa but also in parts of Asia and Latin America. At the same time, there has been an explosive growth in the disease in the region of Central and Eastern Europe. HIV infections will probably spread further in the region as a result of the existence of a large number of injecting drug users, increasing rates of sexually transmitted diseases, the growing commercial sex industry and side effects of socio-economic transition.

Despite these trends, even countries with modest resources, like Poland, have demonstrated that the epidemic can be stabilized or reversed. In Poland, as in all of these countries, successful programmes have included strong, high-level political leadership for HIV prevention, a national programme, adequate funding with allocation of resources and strong community involvement. The increase in HIV infection and AIDS deaths has also led to increased aid from Governments and international and national organizations and foundations.

In that context, I would like to add that there are an estimated 15,000 people living with HIV and AIDS in our country. Since the beginning of the epidemic, in 1985, up to the present, 7,000 HIV cases have been detected in Poland, and 1,300 people have been treated with antiretroviral therapy. Nine hundred and ninety-two AIDS cases have been diagnosed, and 525 deaths due to AIDS have been registered for the period.

As the world is shrinking owing to transportation, communications, trade and commercial activity, gaining insight into emerging infections with epidemic potential, such as HIV/AIDS, becomes increasingly important, and not only to public health practitioners.

Given the situation we are faced with, the contribution of international, governmental and non-governmental organizations to international cooperation in the context of HIV- and AIDS-related human rights is a key element of addressing the AIDS pandemic. This can be done by, inter alia, working on advancing HIV and AIDS prevention and care programs, facilitating access to HIV and AIDS treatment and care and sharing knowledge, experiences and achievements concerning HIV- and AIDS-related issues.

The epidemic is a global problem, and addressing the disease and its consequences for particularly vulnerable groups and societies worldwide requires an international response. Cooperation at both the global and regional level is essential to effectively integrate and harmonize different strategies. This will also help strengthen efforts to fight HIV/AIDS and defray treatment costs. Only effective global partnerships can prevail over a global disease.

The Acting President: I give the floor to His Excellency Mr. Achmad Suyudi, Minister of Health and Social Welfare of Indonesia.

Mr. Suyudi (Indonesia): It is with a deep sense of urgency and commitment to finding a lasting solution to the HIV/AIDS epidemic that the Indonesian delegation is participating in this important special session of the General Assembly. May I also take this opportunity to extend to all present the warmest greetings of President Abdurrahman Wahid and Vice-President Megawati Soekarnoputri. They wish the Assembly every success in this critical undertaking.

In Indonesia, it is estimated that, as of mid-year 2001, approximately 80,000 to 120,000 people will

have become infected with the HIV/AIDS disease. The disease is more prevalent in certain sub-population groups, where the rate ranges from 0 to 26 per cent. My country is increasingly concerned that conditions favouring an increase in HIV infection in Indonesia are soaring. These conditions include poverty, high-risk sexual behaviour, the prevalence of sexually transmitted infections, intravenous drug abuse and the increased mobility of the population, leading to increased transmission.

In meeting this challenge of redressing the epidemic, let me underline some of Indonesia's activities resulting from our commitment to prevent and control HIV/AIDS. Nationwide, our focus is on early intervention. This is being done through the promotion of abstinence and fidelity, without neglecting the promotion of safe sex among people with high-risk sexual behaviour. Likewise, relevant laws with respect to drug abuse are being implemented, and risk reduction activities are being initiated based on the socio-religious and cultural background of the Indonesian people.

This is not an easy task. The country's widely dispersed geographical composition, large population and diverse cultural backgrounds present a number of obstacles, posing particularly significant barriers to communication and in access.

Another serious obstacle facing Indonesia is the ongoing efforts to cope with the consequences of the economic crisis that has devastated our country. That situation has forced Indonesia to prioritize the allocation of its limited resources, making it extremely difficult to increase the coverage and comprehensiveness of the National AIDS Programme. Providing adequate HIV test kits and affordable antiretroviral drugs is but one of the difficulties. However, despite the difficulties that this reality presents, we remain fully committed to doing our utmost, and our activities will be focused on prevention as the mainstay, together with the provision of comprehensive care and support.

Let there be no mistake about it: Indonesia shares the international community's belief that the global HIV/AIDS epidemic constitutes one of the most formidable challenges to human development and dignity today. We are also strongly committed to participating in and helping to bridge the very wide gap between the established rich countries and the poor developing countries in their fight against HIV/AIDS, particularly in the African countries. As to an effective response to the HIV/AIDS epidemic, it will require concrete political commitment, genuine cooperation and concerted action by all, at all levels and across all sectors. This will obviously require strong leadership and the provision of additional, substantial and sustained resources.

In addition, I would like to reaffirm Indonesia's previous commitment made on HIV/AIDS through various declarations, at the international and regional levels and specifically through the Association of South-East Asian Nations (ASEAN). In this regard, the ASEAN Inter-Country Consultation Workshop, in Kuala Lumpur, Malaysia, and Bali, Indonesia, in preparation for the seventh ASEAN Summit special session on HIV/AIDS, has agreed to give top priority to the issue that a regional approach could bring added value.

On the question of HIV-related drugs, let me just say that international assistance in addressing factors affecting the provision of these drugs, including technical and system capacity-building, pricing and the examination of alternatives for increasing access to the drugs and their affordability, is of critical importance, especially to developing countries with minimum national resources. The draft declaration itself states that the HIV/AIDS challenge cannot be fully met without new and additional resources and international assistance. We therefore urge the developed countries to generously contribute to combating the HIV/AIDS epidemic and to the search for ways to establish global equity, bearing in mind that the existing inequity has only served to further accentuate the epidemic.

Before concluding, let me commend the United Nations and its related agencies for their financial and technical support, especially during Indonesia's ongoing crisis. I would also like to recognize the many supportive friendly Governments, international organizations and donor agencies that have facilitated the implementation of Indonesia's National AIDS programme.

In conclusion, may I add that we look forward to the commitment, support and action of the global leadership to address the increasingly frightening global HIV/AIDS crisis and to seek viable ways and means of preventing and controlling the HIV/AIDS

epidemic, while taking into account the myriad limitations that confront all of our countries.

The Acting President: I give the floor to His Excellency Mr. Antonio Marqués de Lima, Minister of Health and Sports of Sao Tome and Principe.

Mr. Marqués de Lima (Sao Tome and Principe) (*spoke in French*): Allow me to convey the greetings of the head of State and the Prime Minister of Sao Tome and Principe to the heads of State and Government here and to all the participants in this special session of the General Assembly on HIV/AIDS.

Allow me also to congratulate the President on his election to guide the work of this Assembly. I also wish to thank the Secretary-General and congratulate him on the extremely important initiative of organizing this special session to debate one of today's most serious health problems and on his appeal for the creation of the global fund to combat AIDS and other infectious diseases, such as malaria and tuberculosis.

Some 20 years ago, when mention was first made of HIV/AIDS infection, probably most of us were far from imagining the threat that this epidemic could represent to development, and even to the survival of the population of vast regions of the globe. In fact, with 34 million individuals stricken by HIV/AIDS and 21.8 million deaths caused by this illness throughout the world, AIDS today is the illness that is certainly of greatest concern to all humankind. These figures, however, conceal a harsh and bitter reality: of the 34 million persons affected by HIV/AIDS, 95 per cent are in developing countries, and Africa alone accounts for a total of 24 million infected persons and a total number of deaths from AIDS estimated at 14 million.

Today HIV/AIDS is the major cause of death in Africa. Our continent is the one that has been most affected, and it is Africa that bears the greatest part of the burden this scourge represents, be it in the number of dead, in economic terms or in social terms. Per capita income has been declining by 0.7 per cent annually, while in some countries health expenditures have quadrupled. This is compounded by the existence of 12.5 million orphans, abandoned because their families are no longer able to care for them.

In April I had the opportunity to participate in the Abuja Summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases. During that outstanding initiative, which was promoted by the President of the Federal Republic of Nigeria, our heads of State and Government spoke of their concerns regarding these illnesses and what they represent for the health of populations and for the development of the continent. They took the decision to make the efforts required to cope with this nightmare.

I left Abuja fully convinced that that Summit had been a turning point in our way of responding and that now we would be more determined than ever to take action to curb the spread of these illnesses, in particular of HIV/AIDS infection, in the African continent. But, while our will to act is huge, the resources available to do so are extremely meagre. Poverty, which is affecting the great majority of our peoples, is the most reliable ally of illnesses and of death in general, and of the spread of HIV/AIDS infection in particular. It is no secret to anyone now that in populations that have a per capita income of less than $1 per day, individuals are five times as likely to die before the age of five and two and a half times as likely to die between the ages of 15 and 59 than are individuals with higher incomes.

That harsh reality must spur the poor countries, particularly in Africa, to pay special attention to the battle against HIV/AIDS in their programmes to combat poverty by integrating programmes to combat AIDS into their plans for development. This is a challenge that we cannot shirk if we are not to endanger for ever the future of young generations.

In this struggle against HIV/AIDS infection, we cannot and must not remain alone. The solidarity of the international community, and in particular that of the most developed countries, is necessary and urgently needed. That solidarity is essential so that the populations of poor countries that are not able to slow the galloping spread of the epidemic can have access to means to take effective control of the epidemic, including through access to antiretroviral medications. In that struggle, I am sure that the pharmaceutical industry will not fail to stand by us. Here I would like to emphasize the solidarity shown by the Pfizer Corporation, which, on 6 June 2001, announced that it would be providing to the 50 poorest countries, at no charge and for an unrestricted period of time, medications to deal with two opportunistic infections. We hope that this example will spread by contagion to other pharmaceutical firms, and we also hope that it will lead to the inclusion of antiretroviral medicines, in particular those aimed at reducing vertical transmission from mother to child. Through their solidarity, they

will be making their contribution to the defence of one of the fundamental rights of human beings — the right to life.

The Acting President: I give the floor to Her Excellency Ms. María Urbaneja, Minister of Health and Social Development of Venezuela.

Ms. Urbaneja (Venezuela) (*spoke in Spanish*): We are taking part in this session to restate the collective aspiration of both male and female Venezuelans to make effective the inalienable right to health and well-being and the right to be respected as equal human beings with equal opportunities without any discrimination or exclusion. In this respect, we endorse the commitment to defend and preserve human life, which is being threatened by the terrible HIV/AIDS epidemic in our world.

Since the number of lives that so far have been taken by the epidemic is equal to the population of Venezuela, and since the number of people living with HIV/AIDS is greater than the Venezuelan population, we think that the only logical response by the United Nations was, in fact, the holding of this special session of the General Assembly in order to adopt a global commitment to face the epidemic.

We feel that we are here to endorse our solidarity through specific, realistic actions that tear aside the veil that covers matters that underlie the HIV/AIDS epidemic. AIDS has extended a perverse circle with dimensions so complex that we have been moved to hold special gatherings of this kind so that we can all think together, exchange ideas and adopt more creative, coordinated and decisive actions to face it not as a problem of some people but a problem of community of nations. In other words, the time has come to break the silence. This is the only way that we can contain this sickness, guarantee the dignity of infected and affected persons and improve those people's quality of life.

Venezuela has tackled HIV/AIDS from a human rights point of view, which means guaranteeing the right to health as a social right. Thus, the Venezuelan State has given priority to preventive, educational and information activities, as well as to guaranteeing comprehensive care free of charge for people living with HIV/AIDS, on a basis of universality, integrity, equality, social integration and solidarity, as established in article 84 of the Constitution of the Bolivarian Republic of Venezuela.

We are sorry that the draft declaration of commitment does not recognize this sort of approach, as it has been very successful in the case of Venezuela and other countries in the Latin American region. Venezuela's investment in combating AIDS has increased tremendously in the last four years, going from 200 million bolívares — about $300,000 — in 1998 to 32 billion bolívares — roughly $45 million — this year. Its aim has been to deal with HIV/AIDS in an integrated way, with an emphasis on prevention, improving the quality of life of patients and the care they receive, improving diagnoses, guaranteeing access to medication, drafting standardized protocols for care and improving the response capacity of our medical network.

However, economic factors, among others, threaten the sustainability of this approach. The present cost of drugs continues to endanger our capacity to provide comprehensive care. Here we must recognize that some progress has been made on the basis of bilateral negotiations with some pharmaceutical laboratories in order to guarantee universal access to drugs.

At present, the Ministry of Health and Social Development is evaluating the possibility of promoting local production of generic drugs so that the State can continue to fulfil its constitutional duty of guaranteeing the health of the population.

For Venezuela it has been of great importance to apply coherent policies and strategies in the comprehensive approach to every aspect of this epidemic. On this basis, prevention, reduction of vulnerability among high-risk groups, treatment, care, the support of people living with HIV/AIDS and respect for human rights all receive equal attention. We think that the draft declaration of commitment clearly addresses this consideration. That is one of the most significant achievements of this special session because it represents this integrated vision and opens up previously closed doors to the hopes of millions.

As regards prevention, both the Ministry of Education, Culture and Sport and the Ministry of Health and Social Development have made efforts in formally educating adolescents in sex and reproduction issues. This year we have developed a project involving 50 schools for an integrated campaign to train 10,000 educators, 50,000 parents and representatives, and 6,000 young people in 500

schools, in HIV/AIDS education, information and prevention. Civil society, particularly non-governmental organizations, has contributed to this work by promoting information and educational projects as well as family and consultant support programmes.

HIV/AIDS has had a disproportionate impact on women, and since the epidemic could become feminized, we must strengthen gender strategies in our HIV/AIDS prevention and control programmes. Women must have control over decisions related to sexuality, and they must be empowered to exercise their rights in sexual and reproductive life. This should enable women to protect themselves from the epidemic, while also improving our ability to prevent infection from being transmitted vertically from mother to child. The danger to children is not only that they might be orphaned, but also that they might be infected through vertical transmission.

The populations most affected, as in other countries, include groups such as men who have sex with men, people using intravenous drugs and sex workers, both male and female, particularly those who are living in poverty. It is therefore necessary to develop the programmes of awareness, education and prevention for these groups on the basis of a comprehensive approach that is sensitive to the specific features of the particular people involved.

All these efforts to deal with HIV/AIDS in Venezuela are complemented by recognition of the legal protection of persons living with HIV/AIDS. This protection has been recognized by the courts in the areas of work, family, education, health and medical attention, access to treatment, freedom, personal safety and privacy. This legal protection has been a crucial part of the general response to the epidemic, along with the contribution of non-governmental organizations and those living with AIDS. In struggling against the epidemic our Government has an ally in organized civil society, which is producing creative and direct initiatives. This alliance was demonstrated by Venezuela's participation during the negotiations on the draft declaration to come out of this special session and by the inclusion in our official delegation of representatives of non-governmental organizations, one of whom is HIV-positive.

Support for the global fund for HIV/AIDS and health is another significant achievement contained in the draft declaration we will adopt at the end of these three days. We would like to express our recognition for the efforts made by Secretary-General Kofi Annan to establish resources for the fund, as well as for his personal commitment to fight HIV/AIDS and other diseases that deepen social inequality in the world. We feel that it is necessary to establish clear criteria for the distribution of the resources and administration of the fund. We are confident that the Secretary-General will ensure that the global fund will be of benefit to low- and medium-income countries through specific projects.

I cannot conclude without recognizing the work done by the Permanent Missions in New York. We all knew from the beginning that these would be very complex negotiations, and they displayed great professionalism. Now it is up to those of us who work in this area to continue to put into practice actions designed to meet the goals laid down in the declaration of commitment.

In conclusion, it is obvious that HIV/AIDS has social, economic, political, ethical, moral and cultural implications. We must recognize and face any kind of obstacle that comes up in our struggle against the epidemic. This requires the participation of all of us, male and female, because we are all silently exposed to this disease.

The Acting President: I give the floor to Her Excellency, Mrs. Henriette Ratsimbazafimahefa Rahantalalao, Minister of Health of Madagascar.

Mrs. Rahantalalao (Madagascar) (*spoke in French*): Once again we are meeting to tackle the critical problem of AIDS, which is affecting the world in general and the sub-Saharan region in particular, where more than 80 per cent of the persons living with HIV are found. The average rate of occurrence is 8 per cent for Africa, of which 55 per cent are women.

The figures speak for themselves and show that this epidemic disease is seriously threatening not only the health of all of humankind, but also humankind's development in the broadest sense of that word.

Thus, on behalf of our country, which today is celebrating the forty-first anniversary of its independence, and on behalf of Mr. Didier Ratsiraka, President of the Republic of Madagascar, whom we are representing here, we would like at the outset to voice

our sincere gratitude to the United Nations and in particular to the Secretary-General, Mr. Kofi Annan.

Many efforts have been made so far within our Organization to find at the highest levels the ways and means to reduce to a minimum the impact of this disease in our countries. Many meetings and summits have taken place and resolutions have been adopted with firm commitments that are always accompanied by clearly voiced good intentions. What must be done has in fact been done, and it has been done well.

However, we are all aware that AIDS is continuing steadily on its march, and has been spreading exponentially in our countries. To be sure, some countries, such as ours, still have a low prevalence rate, but at a time when globalization and the globalization of our system have become inevitable, should we still rely on these indicators?

We are on an island, and insularity can to a certain extent be considered a protective element. Despite a relatively low rate of prevalence, we have been fighting AIDS since 1988. Currently we have an average rate of prevalence of 0.16 per cent, while five years ago we were at 0.07 per cent. That is an increase of more than 100 per cent.

Thus, the problem concerns us, too, and it is the object of a high-level commitment in our country. The President of the Republic attaches great importance to intensifying our national response. At present, the Government has taken charge of the organization of the fight against AIDS, and its coordination is now a high priority. Our challenge will be to keep the rate of prevalence at less than 1 per cent among the general population.

We are firmly convinced that such an undertaking is not only a State matter. Partnership and international cooperation here find their true meaning here, in order to reduce to a minimum the impact of this illness in our respective countries. Now more than ever before, nations have committed themselves to cooperating and to working together to overcome this common enemy: AIDS.

In that regard, we would like to draw the Assembly's attention to the fact that the agreements signed to provide loans to certain third-world countries are indeed noble and even legitimate gestures to protect countries from this scourge. However, should we indebt only some countries to combat a scourge that is now global, as the entire planet is threatened, without distinction between the rich and the poor? Might it not be possible to conceive of exceptional measures, with international solidarity prevailing?

Thus we recommend that the alleviation of the external debt be even more substantial in order to make it possible to release additional resources for programmes to fight AIDS, an essential element of the struggle against poverty. The same holds true for antiretroviral drugs and tests to detect HIV infection, which must be the subject of a joint negotiation in which we must all participate without exception.

We agree with the Secretary-General's proposal to create a global fund, and Madagascar is favourably inclined to make its financial contribution, the sum of which would certainly not exceed its contribution to the World Health Organization, a United Nations specialized agency for health care.

We warmly welcome and hail the initiatives of our South African friends, who have recently won the war of generic pharmaceuticals. Faithful to their history, they persevered and were able to enjoy the fruits of victory.

We have great hopes for this session and hope for full success at the culmination of our work. We hope that the various resolutions and recommendations here will effectively contribute to our struggle and that they will be followed by concrete actions.

The Acting President: I give the floor to His Excellency Mr. Lyonpo Sangay Ngedup, Minister of Health and Education of Bhutan.

Mr. Ngedup (Bhutan): Allow me to begin by commending the efforts of the Secretary-General, Mr. Kofi Annan, in placing HIV/AIDS on the international agenda. I wish to join other speakers in thanking him for bringing the battle against this devastating pandemic to the forefront of world attention.

It may have taken us 20 years since AIDS was first recognized to realize the gravity of the situation, but I believe that we have now opened our eyes to the fact that humanity is under siege by this scourge. Not only have millions already died from the disease, but millions are infected with this incurable affliction and millions continue to be endangered by it. It has defied man's scientific capacity and has forced us to examine our fundamental values of life.

Even as we discuss HIV/AIDS as a global priority, we are confronted with many questions. How can we overcome different mindsets that trap us in the past? Are we willing to transcend professional competition to share medical innovations? Are we ready to back our words with political commitment? Can we raise adequate resources? In other words, can we be more humane?

While we know that there is much to be learned about HIV/AIDS, there is also much we know already. We know that we need to have the courage to support the helpless, to protect the young and the innocent, to counsel those already infected and to comfort those who lose their loved ones.

Today HIV/AIDS has reached the farthest corners of the earth. Even we in the Himalayas cannot escape it. While the number of lives lost and of those infected with the virus in my country Bhutan is relatively small, we are acutely concerned about its implications for our small population, located as we are in a region where the epidemic is spreading at an alarming rate.

Bhutan's National STD/AIDS Control Programme, started in 1988, adopted a multisectoral initiative involving all sections of our society. The programme is integrated into our decentralized national health system. Education on and awareness of HIV/AIDS have been taken to the rural community. Information on HIV/AIDS has been added to our educational curriculum, and our Health Ministry's information and educational activities maintain a sustained momentum in the awareness campaign.

We have made the strongest political commitment to taking up this challenge. Under the guidance of His Majesty King Jigme Singye Wangchuck, the Government of Bhutan has accorded top priority to HIV/AIDS awareness and prevention activities. Her Majesty Queen Ashi Sangay Choden Wangchuck, our United Nations Population Fund Goodwill Ambassador, has been instrumental in creating greater awareness of HIV/AIDS and reproductive health among all Bhutanese people, especially women and children.

With more than 25 per cent of the Government's total budget allocated to the social sector, health and education are provided free in Bhutan. The Government tries to fulfil every citizen's right to good health and a complete education, leaving no community or section of society unreached.

Bhutan fully supports the creation of a global AIDS and health fund. We would like to emphasize that this fund should be realized through an approach focused on integrated primary health care, with equal emphasis on both prevention and treatment of the disease. In this connection, I would like to urge the international community to draw inspiration from the success being achieved by the Global Alliance for Vaccines and Immunization (GAVI), whose no-nonsense approach, has reignited the hope of life, and quality of life, for millions of children the world over.

We believe that only through the combined strength of all nations can we effectively fight this global emergency. International cooperation and funding is vital to our success. As the future of our succeeding generations is at stake, I call upon all nations to show their strongest political commitment to fighting this scourge of humankind.

The Acting President: I now give the floor to His Excellency Mr. Saleh Meky, Minister of Health of Eritrea.

Mr. Meky (Eritrea): It is gratifying to see the United Nations, through the able leadership of its Secretary-General, make combating HIV/AIDS a focus of attention for the world community. The mechanism it has put in place and the process it has established seem to have succeeded in involving all concerned parties in a joint effort. Allow me, then, to express my sincere admiration and gratitude, on behalf of my country, for the commitment and fortitude the leadership at the United Nations has shown in facing the HIV/AIDS challenge.

It is in this spirit that Eritrea lends its support to this historic event and commits itself to doing its part to make this endeavour successful. In this connection, my country associates itself with the Abuja Declaration of last April, which laid out the African position on the subject under discussion.

As has been noted by several speakers before me, the global HIV/AIDS situation requires all of us to make every effort possible to combat and control the most pressing health issue ever encountered by humanity worldwide. If we succeed in controlling HIV/AIDS and succeed we must — we will have met the monumental challenge that faces our health service organizations. More importantly, we will have had a great impact on efforts for the well-being of all our peoples.

I do not wish to repeat the facts narrated in the impressive report of the Secretary-General, which we have before us. But it is my conscious intention to underline the fact that most of the 15,000 new HIV/AIDS cases occurring daily around the world occur in developing countries. These statistical revelations overwhelm comprehension and make us all feel helpless.

On the other hand, there are many encouraging developments that give us hope and guidance for our efforts and point to significant success in meeting the challenges we face. Some African countries have demonstrated that adopting an open policy in combination with effective community involvement in prevention has effectively controlled the spread of the disease. Other countries have checked exposure, holding it to an impressive rate of less than 2 per cent for the last five years.

This makes even clearer the realization that concerted joint efforts would result in the successful mitigation of these tragic events, and offers real hope for all of us at risk.

In Eritrea, the current national rate of infection is estimated at approximately 3 per cent. As we all know however, statistics can be misleading, especially when dealing with HIV/AIDS. Indeed, the biology of the HIV virus, with its numerous strains, rapid rates of mutation and replication, its habit of attacking and exploiting the very cells designed to fend off infection, and its association with socially questionable but habitually common sexual behaviour, makes the rapid spread of the disease inevitable. In such a situation, it would be unwise to reassure oneself with reports of low rates of infection.

It is because of this realization of the danger of this disease and all its economic consequences that the Government of Eritrea has, through the Ministry of Health, taken a leadership role and made a strong commitment in addressing this challenge, employing all the resources at its disposal. In the past five years, it put into operation an effective national policy on AIDS, established multisectoral selective and technical committees and requested its partners in development to assist it in all the multiple approaches to controlling this real danger to the people.

The response of the public, Governments and multilateral institutions has been very encouraging. Particularly so was the enthusiastic involvement in this project on the part of the World Bank and our other development partners, such as China, Denmark, Italy and the United States, so far. The World Health Organization, the United Nations Children's Fund and other United Nations agencies have also teamed up in this effort.

In undertaking this task, we made several important assumptions to guide our actions, in an attempt to focus our efforts on those areas proved to be effective. First, HIV/AIDS is an epidemic that has proved to be a menace to public health everywhere. No community has escaped from its effects entirely. Secondly, no magic bullet exists, or is likely to exist for some time to come. Therefore, multiple approaches are necessary. Thirdly, there are no evident examples of nations where the spread of HIV/AIDS has been diminished or brought under control, except where behavioural changes played a key role. Unlike other remedies, behavioural changes are within the reach of all communities. They are not esoteric, require no sophisticated scientific facilities and are relatively cheap compared to any other remedy. Fourthly, community involvement in leadership is fundamental to the success of the project. Finally, there is a role for government in facilitating treatment for a longer life of greater quality for those already infected.

With these assumptions in mind, we decided to map out our actions using what we know will work. Experience, rather than wishful thinking, guided our principles. Towards that end, we are basing our HIV/AIDS programme on the following strategies: a multisectoral approach, multiple approaches with special emphasis on behavioural changes, community leadership and the strengthening of existing health services.

In conclusion, as one perceptive commentator succinctly put it, "The history of public health efforts in AIDS prevention will undoubtedly show the folly of ignoring what we know in favour of what we might prefer".

We will continue to benefit from our collective wisdom at this special session as we map out the most effective way to control this killer: HIV/AIDS. It must be the goal of the international community to follow up the Assembly's express declarations and decisions with unified action. The danger is real; the task is immense. But no less so is our determination to succeed in this

effort, for the future of our communities and of society as we know it is at risk.

The Acting President: I call next on His Excellency Mr. Umaid Medhat Mubarak, Minister of Health of Iraq.

Mr. Mubarak (Iraq) (*spoke in Arabic*): It is my pleasure to convey greetings to the President of the General Assembly on behalf of the delegation of the Republic of Iraq, along with my wishes for the complete success of the work of this session.

The fact that AIDS is spreading primarily in countries with limited resources, especially in Africa, proves that the rampant growth of the disease is a consequence of a deteriorating economic situation. It shows also that the level of technical and financial support from the United Nations and the international community in the fight against AIDS is not commensurate with the challenge and does not permit full and effective implementation of programmes to control the disease, especially in Africa. It is therefore necessary to establish care centres for AIDS patients and to provide them with drugs and services, and to secure support for such efforts from other sectors.

There have been advances in treating and preventing HIV/AIDS, and we have seen the importance of using drugs to limit mother-to-child transmission during pregnancy and birth. Because the cost of such drugs is exorbitant, the international community, particularly the rich countries of the North, must provide the necessary means, and must supply drugs at affordable prices, especially for countries with limited resources. It is not logical that the disease should remain in Africa while the cure remains in the West — and under its control.

It is crucial to support national AIDS prevention programmes; to increase training opportunities and internships for those planning and implementing such programmes; to increase technological support for treatment and immunity evaluation for AIDS patients and for laboratory diagnosis of AIDS; and to provide materials for cultural awareness and education. All young people throughout the world must be provided with spiritual and ethical immunization, and those who implement these programmes can keep pace with technological innovations, especially in the countries of the South, which suffer as a result of unjust and inequitable economic conditions, and especially as a result of economic and scientific embargoes. In the field of monitoring and evaluation, early detection and laboratory analysis of HIV is imperative.

Despite the unjust blockade that has been imposed on my country, Iraq, for 11 years, Iraq is among the countries with low incidence of HIV/AIDS, thanks to the social awareness campaigns and health care that the Government of Iraq provides for its people. The problem today lies in the lack of diagnostic equipment and material, and in an inability to keep pace with scientific innovation because of the obstacles that, in the Committee established by Security Council resolution 661 (1990), the United States and the United Kingdom place in the way of the import of such materials to Iraq. That has prevented early laboratory and clinical diagnosis. For example, we are unable to obtain many kinds of essential equipment for evaluating the immune status of patients and for measuring viral loads.

Yet, despite all of that, Iraq has an ongoing national plan to follow up the implementation of its programmes, which are updated in line with the international, regional and local epidemiological environment. The national plan concentrates on awareness and education among the whole population and in its at-risk sectors. Equipment must be sterilized and donated blood tested before transfusion to ensure safety. AIDS patients and HIV carriers receive the care they need in treatment centres throughout the country, along with financial support and some free drugs, in spite of the difficulties resulting from the shortage of such drugs and of medical supplies.

The international community, represented in the United Nations, is closing ranks today to face HIV/AIDS, which poses a threat to the future of mankind. By the same token, the criminal blockade against Iraq, the daily bombing by United States and United Kingdom war planes in the illegal no-fly zones and the use of depleted uranium are no less devastating than AIDS. Those crimes have taken a toll of more than 1.5 million of our citizens, most of them women and children, for no reason other than one country's determination to perpetrate inhuman acts against the people of Iraq in order to serve its own interests and attain its evil goals. I call upon the international community to take effective measures to put an end to the use of coercive economic measures as a means of exerting pressure on the people of my country and depriving them of their right to obtain food, medicine and health care equipment.

I reiterate that the toll taken by the blockade against Iraq is no less serious than that taken by AIDS in Africa. The blockade and AIDS are two sides of the same coin.

We hope that at this session the Assembly will take effective decisions to address the AIDS epidemic. Those decisions should be backed by tangible action and generous contributions to confront this grave epidemic. The final document should set out a balanced programme of prevention and medical care to put an end to this threat against all mankind, in such a way as not to interfere with the religious and socio-cultural values of peoples.

The Acting President: I call next on His Excellency Mr. Chan Soo Sen, Senior Parliamentary Secretary in the Prime Minister's office and the Ministry of Health of Singapore.

Mr. Chan (Singapore): I am honoured to speak on behalf of the Government of Singapore at this important gathering. The HIV/AIDS pandemic is a serious global problem, and it poses one of the greatest challenges to mankind. It has infected an estimated 36 million persons and has caused more than 20 million deaths worldwide. Singapore empathizes with the many nations that are experiencing the severe consequences that the pandemic has brought.

Singapore sees this special session on HIV/AIDS as an opportunity to gain further insight into the prevention and control strategies of other Member States. We are also happy to share our very limited experience in confronting the HIV/AIDS problem in our country.

The first case of HIV/AIDS was reported in Singapore in 1985. Since then, more than 1,300 Singaporeans have been infected with HIV/AIDS. There have been about 500 deaths, out of a population of about 3 million. Singapore has made prevention of the disease a key priority. We have adopted a comprehensive multisectoral national AIDS control programme. HIV/AIDS education is provided for all sectors of the population through the mass media, while more structured programmes are available for students and young people, national servicemen who serve in the armed forces, and others who are vulnerable to the infection. Individuals who perceive themselves to be at risk of infection are encouraged to undergo HIV screening.

Stringent measures are being undertaken to safeguard the national blood supply. There is a rigorous donor selection process, and all potential blood donors are interviewed and required to declare that they did not engage in and are not engaging in risk activities associated with HIV infection. Those who make a false declaration are liable to prosecution. All blood and blood products are also screened for HIV.

HIV/AIDS patients are given access to subsidized out-patient and in-patient medical treatment and are counselled regularly. They can go to any hospital to seek treatment and are treated no differently from other patients. They also have access to HIV drugs. However, like many other non-standard drugs for the treatment of other ailments, HIV drugs are not subsidized.

The Government also works closely with community groups to raise awareness of HIV/AIDS and prevent discrimination against patients and their families. Those groups we work with include Action for AIDS Singapore and several self-help patient-support groups. These groups are committed to AIDS prevention and providing support to people with HIV/AIDS, their caregivers and volunteers. They receive Government funding for HIV prevention activities and have given the Government strong support over the years. The Government also promotes further training and research activities.

At regional and international levels, the Singapore Ministry of Health cooperates with the Association of South-East Asian Nations, the World Health Organization and UNAIDS, and provides them with regular updates on the HIV/AIDS situation in Singapore.

We realize that there is as yet no drug that can cure the disease, nor is there any vaccine to prevent it. So Singapore believes that education and prevention programmes remain the keys to reducing HIV transmission. The cooperation of the public, private and human sectors, we feel, will be vital in reducing the spread of HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Lester Ross, Permanent Secretary of the Ministry of Health and Medical Services of Solomon Islands.

Mr. Ross (Solomon Islands): I am grateful for the opportunity to participate in this important United Nations special session on HIV/AIDS, which is charged with the crucial task of producing an effective global strategy to combat one of the deadliest scourges affecting humanity. My delegation wishes to thank Ambassadors Penny Wensley of Australia and Ibra Ka of Senegal for their tireless efforts in co-facilitating the negotiations on the draft declaration of commitment on HIV/AIDS.

This historic event is a testimony to our collective political will to address an epidemic of global proportions; an epidemic that respects no national borders, that is threatening all the development targets in an increasing number of developing countries and that has greatly affected the trajectory of human development. In addition, the HIV/AIDS pandemic has had a tragic impact on the fulfilment of children's rights — the focus of another important United Nations special session, this September.

Although Solomon Islands has a relatively low level of HIV/AIDS cases, we cannot afford to be complacent. With a sexually active and mobile population, and given the increases in other sexually transmitted infections, there is potential for further HIV/AIDS infections. For a small island developing State like ours, whose most vital resource is its people, or human resources, the AIDS pandemic is a serious and direct threat to human security and to social and economic development. It is a new and lethal source of vulnerability, exacerbating existing environmental and economic vulnerabilities. Our small population and struggling economy would not be able to cope with an outbreak of the disease. Since we are still recovering from a two-year ethnic crisis, an outbreak of the disease would be completely devastating. Above all, care and treatment would be extremely difficult to pay for. Therefore, like previous speakers, my delegation firmly believes that prevention must be the mainstay in combating HIV/AIDS.

In this regard, my Government, through the Ministry of Health and Medical Services, has already undertaken a number of policy measures and preventive strategies, including a multisectoral plan to combat HIV/AIDS. Specific activities include HIV/AIDS education and awareness-raising campaigns, through radio programmes, dramas and plays depicting the potential impact of AIDS on our society.

There is a need to institutionalize HIV/AIDS education and to expand awareness-raising activities in the rural areas, taking into account cultural sensitivities. To do so, we have to address the following obstacles: the lack of resources, lack of trained personnel, communication and information-dissemination problems due to the diversity of our local languages and culture, low levels of literacy, and geography. There is also a need to improve coordination of activities at the provincial level.

Besides, awareness-raising activities, my Ministry has also conducted HIV testing on vulnerable groups, including individuals with sexually transmitted infections and relapses of tuberculosis, blood donors, and those who are suspected of having AIDS-related diseases. Broader testing of potential carriers of the virus has been made more difficult by inadequate HIV-testing facilities and a lack of trained manpower, especially in the provinces; by the lack of support services, such as counsellors with expertise in the management of HIV infections; and by stigma.

Like others, Solomon Islands strongly supports a multisectoral approach to prevention, involving the public and private sector, civil society and non-governmental organizations, including churches. Substantial financial resources, however, are required to effectively implement national HIV/AIDS action plans and strategies.

We know the severity of the AIDS epidemic, but we do not always agree on how to address it. If HIV/AIDS is a disease of poverty, ignorance, sexual promiscuity and gender discrimination, and has the greatest effect on poor women and children, a global strategy to combat it must integrate balanced and practical measures to confront all the issues involved. Denial or a lack of emphasis on any of them would only help to spread the disease. Concerted national action and multilateral cooperation for both prevention and care, and for mitigating the impact on families, communities and whole societies, are fundamental. These efforts should integrate a gender dimension. In other words, the pandemic can be tackled only by a global campaign to create enabling environments for prevention and control, and interventions which protect human rights, provide better care and improve access to services for people living with HIV/AIDS. Above all, we need to develop an effective and affordable vaccine if we are to stop further infections.

Current global HIV/AIDS statistics and trends are extremely scary. In the absence of a cure, the world must treat the continuing increase in infection as a desperate situation which requires a vigorous and concerted response. In that regard, the Secretary-General's proposal to establish a global AIDS and health fund to combat the disease is a concrete step forward. Solomon Islands wishes to express its gratitude to those Governments, foundations and individuals which have already indicated their support. We must build on this momentum. Failure to do so will cost present and future generations the battle against HIV/AIDS.

The Acting President: I call next on His Excellency Mr. Gian Nicola Filippi Balestra, Chairman of the delegation of San Marino.

Mr. Balestra (San Marino): Allow me to convey my thanks to the President for organizing this special session of the General Assembly. The massive attendance by the highest representatives of Member States highlights the importance and urgency that our Governments feel with respect to the global problem of HIV/AIDS. To fight and defeat a powerful enemy, we need to understand it. A pandemic is no exception to that principle. To defeat the disease, we must understand its nature and its structure, the reasons for its devastating effects and, furthermore, the psychology and behaviour of its victims.

Let us put ourselves in the situation of an HIV/AIDS victim. What would our concerns be? First, we might think how we possibly could have contracted the virus. It could have been through unsafe sexual relations, through an exchange of needles when using drugs, through unsafe blood transfusions, or through birth.

Then we might think of our family; the people we had been in touch with; those we could have transmitted the disease to; whether we were going to leave our family without support and our children orphans.

We might think of the reaction of society and friends, how they will consider and treat us in the future; whether they will look at us differently; whether they will reject us. We might think whether we will be able to keep our job or to find a new one, and whether our condition will jeopardize our strength to carry on our work.

Will we be able to pay for drugs to increase the length of our life? What meaning will our life have when we know better than anybody else that we are going to die soon?

Those are questions that 36.1 million people asked themselves every single day last year. How many answers and reassurances are we able to give them?

With that example, I just wished to underline that AIDS concerns all of us, regardless of our origins, our race, our habits, our sex life or our culture. It concerns us from very close by – much closer than most of us expect. If we consider that in some countries one out of five adults is infected by the AIDS virus, we can easily imagine that this can jeopardize not only the lives of many families, but also the life of a country, of a region and of the whole world. The problem of AIDS, therefore, is not only a medical emergency, but also a social, cultural and economic crisis.

San Marino, in its small dimension, is also affected by AIDS. Our infected people generally contracted AIDS through an exchange of needles when injecting drugs. Due to the small size of my country and to the lack of appropriate legislation, most of our HIV/AIDS patients prefer to be treated abroad to be able to maintain privacy and secrecy.

My Government has tried to put in place a good information campaign and to create a Government AIDS coordination policy to monitor any development of the infection, along with a system of surveillance of blood donors and blood transfusions. Moreover, last year a service, managed by volunteers, was activated, providing scientific information and counselling over the telephone, guaranteeing total and absolute anonymity. To stimulate international cooperation, every year since 1998 the Ministry of Health of San Marino has organized an international symposium with the participation of many important immunologists.

We strongly believe that the best form of prevention is a comprehensive education programme. Fear and anxiety about ways to contract the virus, along with all the prejudice that surrounds the victims of this disease, create serious phenomena of discrimination and segregation, and are consequently an obstacle to the use of health services and health providers.

Responsibility must be equally shared. Governments should provide treatment, assistance, care

and support to HIV/AIDS patients. HIV/AIDS patients should act with a greater sense of responsibility towards their community. Exchange of information should be provided in a timely and accurate way. Pharmaceutical companies and research institutions should devote more efforts to research, giving priority to access to HIV drugs rather than to their own financial interests.

Let me assure the Assembly that San Marino will continue its fight against AIDS with all its strength. We will always be allied with the international community to combat this epidemic.

The Acting President: I call next on His Excellency Mr. Rashid Alimov, Chairman of the delegation of Tajikistan.

Mr. Alimov (Tajikistan) (spoke in Russian): I cannot fail to agree that HIV/AIDS knows no borders. It has become a global problem, and to solve it we need global approaches and the combined efforts of Governments and international organizations. The world's recognition of the crisis is clear from the Millennium Declaration, in which world leaders undertook to stop the spread of the disease by 2015 and to begin to diminish the scale of HIV/AIDS.

The urgent convening of a special session of the General Assembly on this problem may be viewed as a first, very important step towards the implementation of these commitments. The Government of Tajikistan welcomes this, and expresses its readiness to contribute to the joint campaign against the spread of HIV/AIDS. We fully share the international community's concern at the growth of the HIV/AIDS epidemic, which is giving rise to a whole range of humanitarian, social and economic problems throughout the world. The epidemic is associated with poverty, ignorance and gender discrimination, and it has a particularly negative impact on women and children, and on the future of mankind.

Although the number of HIV-infected persons recorded in Tajikistan is barely 20, my Government views extremely seriously the danger of the spread of the epidemic, and is taking preventive legislative and practical measures to combat this dangerous virus. Specifically, in 1993, the Tajikistan parliament enacted legislation to combat HIV/AIDS, and in 1997 a national HIV/AIDS prevention programme was formulated and adopted. This year, based on experience acquired by other countries, that programme was expanded and was extended to 2007.

On the initiative of the Ministry of Health of Tajikistan and with the support of UNAIDS, an expert assessment is being drawn up and studied. In line with the concept of a national strategy to combat the HIV/AIDS epidemic that takes into account the experience acquired by mankind in the war against the virus, the Government of Tajikistan has established a national centre, one of the first in the Central Asian region, whose objective is to develop and disseminate among the population information about a healthy life style. Together with the United Nations Population Fund, we have begun to implement wide-ranging programmes for the prevention of HIV/AIDS among young people. We believe that in order to coordinate the efforts of the Central Asian States in this area, there is now a need to establish a specialized regional centre to combat HIV/AIDS. The effective activity of such a centre will depend, to a great extent, on the financial support of donor States and international organizations.

It is obvious that, regardless of the nature of this horrendous illness, the root causes of such a large-scale epidemic lie in the weakness of the social and economic health systems of many countries of the world, and on their limited abilities to withstand crisis situations. The onerous consequences of civil conflict will be felt for a long time in Tajikistan, where the health system is now experiencing its most difficult period in 30 years. The Government is making significant efforts to restore the infrastructure of the health system in regions that suffered from the conflict.

Despite limited budgetary resources, Tajikistan is financing projects aimed at strengthening primary medical health care and combating the spread of infectious diseases. This campaign has already yielded positive results. However, without external support, these achievements may turn out to be short-term in nature.

Of course, a particular concern in Tajikistan is the spread of illnesses that exacerbate the spread of the AIDS epidemic. During the last 10 years, the death rate from tuberculosis has increased by a factor of three and the number of people suffering from sexually transmitted diseases has risen by a factor of 15. At the regional conference on HIV/AIDS that took place in May 2001 at Almaty it was noted that new cases of sexually transmitted HIV infections in the countries of

the Commonwealth of Independent States are increasing at one of the highest rates in the world.

Yet another vector for the spread of HIV infection is intravenous drugs. Because of its geographic position on the front line of resistance to the drug threat emanating from neighbouring Afghanistan, Tajikistan attaches particular importance to combating the illegal trade in, and spread of, drugs. The efforts of the Government of Tajikistan in this area have received the widest possible support from the United Nations, neighbouring States and Russia. It is known that the regional plan of action to combat drugs implemented with the support of the United Nations by States of the "six plus two" group is already yielding positive results. To a certain extent, we are convinced that this will also have an impact on the war against HIV infection.

In that connection, we believe that, as part of their priority activities, the specialized agencies of the United Nations — in particular the World Health Organization, the United Nations Population Fund and UNAIDS — could in fact allocate more resources to preventive efforts to combat the HIV epidemic and to strengthen the health-care system in those countries where the epidemic is just beginning. We are convinced that support for the efforts of those Governments will help to prevent the impending tragedy and save hundreds of thousands of human lives.

The result of our work, the draft declaration of commitment to combat HIV/AIDS, must reflect a wide-ranging approach to find a solution to this problem. Within this framework, there is a need to analyse all the relevant aspects, consequences and decisions — whether that means drawing up adequate policies, mobilizing required resources or ensuring coordination of national and international efforts at various levels. There is also a need to determine the scale of efforts to be undertaken at the national, regional and global levels.

In the draft commitment document, the scale attributed to the current problem of HIV/AIDS must be commensurate with other, no less dangerous, challenges facing the international community, such as those related to conflict, hunger, poverty and infectious diseases, from which millions of people throughout the world continue to suffer. In our view, it is extremely important to take into account in the draft declaration the need to target programmes to combat the drug trade, which involves the use of drugs among young people. Tajikistan supports the measures proposed in the draft declaration to mobilize financial resources, including the establishment of the global HIV/AIDS fund, which could assist not only all countries stricken by the epidemic, but also those in which the plague of the twentieth century is just beginning to make itself felt.

The virus responsible for this illness, which strikes the human immune system and deprives it of the ability to resist various illnesses, has laid down a challenge to all mankind. The measures at the national, regional and international levels reflected in the draft declaration must mobilize the international community to implement the objectives set out to effectively combat HIV/AIDS.

The Acting President: Before calling on the next speaker, I would request representatives to be good enough to move quietly through the aisles at the end of each statement and as they enter and exit the General Assembly Hall, in order not to disturb the speaker who has the floor. I rely on those present to cooperate in maintaining order and quiet in the Hall, in keeping with the dignity and decorum expected of members of the General Assembly.

I now give the floor to His Excellency Mr. Stefan Tafrov, Chairman of the delegation of Bulgaria.

Mr. Tafrov (Bulgaria) (spoke in French): Twenty years after it began, the AIDS epidemic is now reaching proportions that exceed the most pessimistic forecasts. It is clear that a response to the pandemic must be multisectoral and multidimensional. Combating AIDS requires radical and sustained change from every individual and institution. The role of civil society in this regard is crucial.

At this stage, Bulgaria has not been significantly affected by AIDS. Since 1985, 338 cases have been recorded. But Bulgarian authorities and society as a whole have developed a concerted strategy meant to contain AIDS infection and to keep it at low levels. Bulgaria is convinced that close cooperation with the competent international organizations and regional coordination are key elements in any national strategy against the epidemic.

In the last three years, a through analysis of the epidemiological situation in Bulgaria has been carried out with the active support of the United Nations

Development Programme (UNDP). This analysis has made it possible to develop a national strategy to prevent and control sexually transmitted AIDS infection, as well as a national programme for the years 2001 to 2007. Priority areas for this effort focus on young people and vulnerable groups, such as the Roma minority and intravenous drug users, among others. The health services and specialized social services are particularly focused on this strategy, which also includes detailed policies for detection and epidemiological monitoring.

It should be underscored that the national programme is financed entirely by the State. The United Nations specialized agencies — the United Nations Development Programme, the United Nations Joint Programme on HIV/AIDS, the United Nations Children's Fund and the United Nations Population Fund — are active and appreciated partners. The Open Society Foundation and other representatives of civil society are also participating significantly. This year, Bulgaria has decided to join the regional programme Partnership against AIDS in Eastern Europe and the Commonwealth of Independent States.

As an infectious disease, AIDS has a qualitative impact on infectious diseases as a whole. Victory over AIDS in the world can be achieved only by strengthening the overall public health sector and by combating other socially significant diseases, such as tuberculosis, malaria, poliomyelitis and other infections that can be prevented through vaccination.

The AIDS epidemic is a global phenomenon, so we have to be global in our response. The struggle against AIDS obliges us to pool our efforts despite political, cultural and religious differences among different cultures and societies.

My country welcomes the holding of this special session of the General Assembly. We see in it a sign of hope, particularly for Africa, which is the continent that is most affected. To the extent of its capacities, Bulgaria is prepared to contribute to the global response to this pandemic.

The Acting President: I give the floor to His Excellency Mr. Yehuda Lancry, Chairman of the delegation of Israel.

Mr. Lancry (Israel): Israel welcomes the convening of this special session of the General Assembly, and we are gratified that the Secretary-General has now raised the global threat of HIV/AIDS, particularly in Africa, to the top of the international agenda. This special session provides a forum for a historic opportunity for us to reaffirm the commitment of the international community to fight the spread of HIV/AIDS. But the magnitude of the threat, and the tremendous human costs which it entails, mandate that we act decisively. Our actions must be focused on two primary issues: the global nature of the AIDS crisis that threatens every country on Earth, and the tragic situation that imperils the future of the African continent.

The international community can no longer ignore the fact that Africa has become increasingly exposed and vulnerable. Two thirds of the global population infected with HIV lives in Africa, where social and economic development has been set back more than a decade. While Africa suffers disproportionately from HIV/AIDS, the disease and its devastating consequences are by no means confined to that continent. AIDS is spreading in Asia and the Caribbean, in Latin America and elsewhere, with no regard for nations or borders, for race or for gender. As the nature and consequences of the problem are global in scope, so must be our response. All nations, Governments, international organizations, the private sector and individuals must resolve, and unite in a comprehensive worldwide effort, to halt the spread of AIDS and to care for those already suffering.

In this connection, Israel welcomes the Secretary-General's global call to action and commends him for proposing a global fund to combat AIDS, which will position the United Nations to lead the worldwide effort against the spread of the disease. Israel stands ready to contribute its share to this global effort following the decision of the Israeli Foreign Ministry this past January to fully engage in the international fight against AIDS.

In the course of this special session, Israel will eagerly explore ways to contribute our skills and expertise to the international effort. Israel's capabilities in the fields of technology transfer, modern agriculture, economic and social development, medicine and public health, community development and education stand at the ready. We have explored the possibility of a compact mobile unit, a sort of mobile health unit that provides preventive assistance, diagnostic and clinical support, and mother and child care in hard-to-reach areas. Israel is capable of counselling and assisting in

the establishment of institutions for AIDS orphans in the light of our unique experience dealing with youth immigration and youth educational institutions. We are ready and willing to do all that we can, and we are committed to forging partnerships that will enable our expertise to be most usefully employed.

In Israel we are fortunate to have a relatively low prevalence of HIV/AIDS. As of 1 June 2000, 690 AIDS cases and 2,402 HIV-positive individuals had been reported to the Ministry of Health since the outbreak of the epidemic in 1980. Nevertheless, we have developed an extensive infrastructure to test, treat, educate and care for infected individuals, coordinated by the Ministry of Health. The Ministry has developed comprehensive educational programmes focusing on preventing infection, and it provides treatment and follow-up for those already infected, including universally available antiretroviral cocktails provided at little cost to the patient. Our partnership with non-governmental organizations has also been fruitful, particularly with the Jerusalem AIDS project, which sponsors educational programmes, increases awareness of AIDS among the general public, lobbies for the rights of patients with AIDS and conducts training workshops in over 20 countries.

It has been nothing less than chilling to listen to the speakers in this debate, heads of State and Government citing the devastating figures charting the advance of the AIDS pandemic, offering grave statistics to describe the devastation wrought by the disease and issuing heartfelt pleas to the nations of the world to act quickly and decisively. In the face of this, it is easy to despair. But we dare not. The people of the world are looking at us today with hope, and for their sake, for the sake of all of us, our children and the future of humankind, we must commit ourselves to eradicating the scourge of AIDS from the face of the planet.

The nature of a global pandemic in our increasingly complex and interconnected world requires new thinking, bold leadership and courageous and timely action. Let us ensure that this special session produces genuine results and that we bear constantly in mind that, ultimately, the success of this session will be measured in something no less precious than human life. As the old dictum states, "Whoever saves a single life is as if he has saved the entire world".

In this spirit, Israel will do everything in its power to contribute to the global effort to fight the AIDS pandemic and we encourage all participants in this session to adopt concrete actions as a top priority.

The Acting President: I now give the floor to His Excellency Mr. Walter Bazan, chairman of the delegation of Malta.

Mr. Bazan (Malta): At the outset, my delegation declares that it associates itself with the statement delivered by the representative of Sweden on behalf of the European Union and associated countries.

It is indeed appropriate for this body to assemble in special session to review and discuss the HIV/AIDS pandemic 20 years after the first cases of the disease were diagnosed and identified. In these two decades, the pandemic has assumed global proportions and is widely recognized as one of the most serious challenges, if not the most serious challenge, facing humanity today. This pandemic is having devastating effects on humanity far worse than any war or natural disaster.

In the last few months and weeks, we have noticed that the convening of this special session has served as a catalyst for intense activity at all levels. Enhanced public awareness has raised expectations and we are now faced with a daunting challenge. The resolve and commitment embodied in our final declaration must therefore equal the expectations generated.

The gravity of the situation is emphasized and substantiated by statistics that, unfortunately, send a very clear and alarming message. More than 36 million individuals in the world are living with HIV/AIDS; 90 per cent of these are to be found in the developing world and 75 per cent in sub-Saharan Africa; 600,000 children are born with HIV annually. In the face of a crisis of this extent, it was to be expected that, given the limited resources available, a debate would ensue as to whether prevention or cure was to be at the forefront in the battle against HIV/AIDS. It is now evident that both prevention and care are two mutually supportive strategies in a determined response to the epidemic.

Prevention, however, remains of primary importance. It must be interpreted not as cynical disregard of those already infected, but rather as a necessary and pragmatic approach aimed at

minimizing, to the greatest extent as possible, the numbers of those in need of care and treatment. This in turn will release the resources so essential to better and more effective treatment as well as to intensifying research activities. Prevention is an investment for care, support and treatment.

Although, in Malta, the number of those infected with HIV is minimal and seemingly under control, relative studies indicate that the generation born and raised in the past 20 years lacks sufficient knowledge about sexual matters or is rather misinformed. This dangerous situation can be remedied only through the pursuit of a comprehensive sex-education programme as an integral part of the national minimum curriculum. This is an exercise that will be taken in hand in the very near future by the Health Promotion Department within the Ministry of Health.

Education is complemented by awareness-raising campaigns targeting those who have already left the classroom. The use of the media to promote safe sex enables the health authorities to reach the maximum audience. Literature is concurrently distributed to supplement the message delivered. Moreover, the central role played by the family in the national preventive strategy is to be emphasized.

Both treatment and care require support. In Malta, support usually takes the form of pre- and post-test counselling. Health personnel directly involved in this process are regularly updated through annual seminars to keep them abreast of the latest approaches, best practices and methodology. Treatment is provided as an integral part of the national health care and is given according to the requirements of each individual case.

In all aspects and phases of the fight against the epidemic, respect for human rights cannot be overlooked. Reducing vulnerability through the promotion of human rights and fundamental freedoms is the cornerstone of any effective campaign. This is a strategy that goes hand in hand with efforts aimed at reducing stigma, discrimination and social exclusion. Children and women, being particularly vulnerable, deserve special attention. In drawing up policies and strategies, we must ensure that these vulnerable groups and categories remain high on our agenda. In addition, those most at risk must be encouraged to seek testing and counselling. Programmes addressing such issues as risky sexual behaviour and injecting drug use are necessary if we are to highlight these activities' inherent danger and to bring about the desired behavioural changes.

Undoubtedly, apart from the devastating loss of life, this pandemic has tremendous negative social and economic repercussions. A whole generation is at risk, with the corresponding threat to development. In its disastrous path, this disease is leaving behind orphans and taking a high death toll of teachers and instructors with meagre chances of replacement. The drain on the best and most productive elements of society not only impacts negatively on our present generation, but jeopardizes potential development and future resources.

With regard to care, the results being obtained through the use of highly active antiretroviral therapy are very encouraging and have led to a significant reduction in AIDS-related mortality. However, this is a treatment that, unfortunately, is still beyond the reach of the large majority of those infected. Recent breakthroughs in the discussions on drug pricing have given renewed hope to millions. The next step is to strengthen health systems to enable the delivery of these drugs to those who need them.

It clearly emerges that the concerted efforts necessary to combat this epidemic call for a substantial increase in public health funding at both the national and the international levels. It has been estimated that the achievement of the targets set warrants an expenditure of between $7 and $10 billion annually. These figures contrast sharply with the current expenditure of $2 billion. Such a discrepancy in current and proposed funding reinforces our belief that the international community should express its solidarity, particularly towards current and potential victims, through concrete measures of support, financial and otherwise.

In conclusion, it would be remiss on the part of my delegation not to acknowledge and applaud the leading and coordinating role being played by the Joint United Nations Programme on HIV/AIDS within the United Nations system.

In the final analysis, a balanced and coordinated approach appears to be the most viable of options. This can be achieved only through leadership at the national, regional and global levels. A commitment by all Governments, parliamentarians, civil society and individuals is necessary if we are to ensure that the

number of those infected and affected by HIV/AIDS is considerably reduced. We need to intensify our efforts to collectively work to put an end to this human tragedy.

The Acting President: I give the floor to His Excellency Mr. Fuad Mubarak Al-Hinai, Chairman of the delegation of Oman.

Mr. Al-Hinai (Oman): At the outset, I would like to say what an honour it is for me to participate in the twenty-sixth special session of the General Assembly, on HIV/AIDS.

The Sultanate of Oman, under the wise leadership of His Majesty Sultan Qaboos Bin Said, has accomplished astounding achievements in the health of its population over the last 30 years of its renaissance. These achievements have been widely recognized and acclaimed by various international organizations, including the World Health Organization (WHO), the United Nations Children's Fund and the United Nations Development Programme.

Health indicators such as infant, under-five and maternal mortality rates continued to show progressive and consistent reduction in the Sultanate over the past three decades. Several diseases have been eliminated and life expectancy at birth has reached levels comparable to those in developed countries. Furthermore, an extensive network of modern health facilities providing a full range of services is made available and is easily accessible to the entire Omani population. Thus, Oman's health achievements are part and parcel of a comprehensive social development.

Nevertheless, rapid socio-economic changes coupled with demographic transition in Oman have led to a remarkable change in the profile of the health problems and risks that are now facing the population. Thus, non-communicable diseases, lifestyle disorders and emerging diseases are becoming leading causes for concern. HIV/AIDS, the global epidemic that is sparing no continent, country or community worldwide, was first reported in Oman in 1984.

While the prevalence of infection in the country continued to be consistently low, the Government is not allowing this fact to be a cause for complacency at home or indifference to the global epidemic. In this regard, Oman was always forthcoming in its willingness to collaborate with regional and international agencies active in the fight against the epidemic. Both WHO and UNAIDS commended Oman on its transparency in sharing information on the disease and on the performance of its national HIV/AIDS control programme, which applies internationally recommended strategies for combating the problem.

Oman's HIV/AIDS control programme was launched in 1987 with an overall strategy to raise population awareness, mobilize national resources and enhance international collaboration in order to prevent and control the problem. Since then the programme has initiated the following activities.

We conducted a national campaign of communication and information dissemination on the problem and its associated risk behaviours, which was particularly targeted on the young and adolescents, who make up 50 per cent of the Omani population. The programme also continues to work diligently to combat fear, stigma and discrimination, which are associated with the problem. We consolidated and strengthened blood safety measures in the country to eliminate the risk of infection transmission through blood and blood products. We encourage voluntary testing, counselling and, consequently, the provision of appropriate and standard treatment, including measures to prevent mother-child transmission. We have built an HIV/AIDS surveillance and information system, which is documenting the infection/disease status and trends.

We are pleased by the encouraging signals from discussions at WHO and UNAIDS with pharmaceutical manufacturers to reduce the cost of HIV/AIDS multiple drug therapy. The pharmaceutical industry is commended for the concession it has offered so far, but the plight of HIV/AIDS victims is calling on them and us for more. The international community is also obliged to boost and coordinate its scientific and research efforts towards the development of an effective vaccine, which should enhance the ultimate conquering of this menace.

In conclusion, while Oman realizes the importance of national action and vigilance to face the problem of HIV/AIDS at the grass-roots level, it has no doubt that only collective work and partnership at the international level could pave the road out of this nightmare that is confronting humanity. More work and efforts are needed from all of us in order to relieve the suffering of those most afflicted by the epidemic and who have little means to fight it with. In this respect,

Oman appreciates the leadership and efforts provided by WHO, UNAIDS and other agencies and partners in this campaign. We look forward to continuing our work alongside our partners in the spirit of international solidarity against this global plague.

The Acting President: I give the floor to His Excellency Mr. Alan Pintér, Chief Medical Officer and Chairman of the delegation of Hungary.

Mr. Pintér (Hungary): May I take this opportunity to congratulate the President on his assumption of the presidency of the special session of the General Assembly on HIV/AIDS. Let me assure him of the full support of the Hungarian delegation in the discharge of his important duty.

Let me first state that Hungary associates itself with statement delivered by Sweden on behalf of the European Union.

Fifteen years ago, HIV/AIDS was recognized in Hungary as one of the major epidemiological challenges of recent decades, and it is now considered an issue of utmost importance. Hungary also believes that, to meet this challenge, the response should comprise a wide range of societal aspects, including, inter alia, cultural and human rights, as well as epidemiological ones.

Hungary belongs to a group of countries with low HIV/AIDS prevalence. Between 1985 and 2000, a total of 899 cases of persons with HIV were detected, 766 of them with an identification code, while 133 remained anonymous. The cumulative HIV incidence rate was 85 per 1 million population at the end of 2000. The annual mean of newly detected coded HIV-positive persons was 48, an incidence rate of 4.7 per million.

The proportion of foreigners among HIV-positive persons is considerable. By the end of 2000, a total of 221 HIV-positive persons originating from 56 countries were recorded, representing 29 per cent of all registered HIV-positive persons. It is noteworthy that a number of these persons arrived in Hungary with the explicit purpose of having an HIV test.

As they do worldwide, transmission categories show changing patterns. Heterosexual transmission of the infection is increasing. Females represent 13 per cent of all registered HIV-positive persons, with a growing prevalence tendency. However, the number of registered HIV-positive drug users remained low; only two were identified by the end of 2000, in spite of the fact that the number of drug abusers is rising at an alarming rate. Recognizing the risks of HIV transmission among drug users, the Hungarian health authorities continue to make significant efforts to address this problem.

The data presented clearly indicate that the HIV/AIDS epidemic has been kept at a relatively low level in Hungary from the time of its first detection until now. This has partly been the result of strict epidemiological measures introduced immediately after the appearance of the first HIV-positive cases in 1985 and of the consistent attitude of the Hungarian authorities during this 15-year period.

Hungary has consistently followed a practice in line with the main principles described in the draft declaration of commitment on HIV/AIDS, which we are called upon to adopt at this special session, and has placed special emphasis on the concept that prevention must be the mainstay of our response. It is also acknowledged that prevention, care, support and treatment are inseparable and mutually reinforcing interventions.

In Hungary, traditional epidemiological surveillance has been developed, along with voluntary counselling and testing facilities, particularly for high-risk groups, in order to provide HIV-positive persons with information and advice, to promote understanding in society and to contribute to combating stigmatization and discrimination. With the help of education and the media, nationwide prevention programmes and intensive campaigns have been organized, financed and implemented, with the vigorous involvement of civil society. These practices have so far proved to be successful in Hungary.

Possibilities for the early detection of HIV infection, as well as recent developments in the area of antiretroviral therapy hold out hopes for reducing the burden of the disease all over the world. Efforts should be made to provide the highest possible standard of treatment for HIV/AIDS in all countries.

Facts on HIV/AIDS worldwide are shocking and call for concerted action. The Hungarian Government fully supports the spirit of the draft declaration of commitment to address the HIV/AIDS crisis and to take action at the global, regional and national levels. The Hungarian Government is committed to contributing to the successful implementation of the declaration.

The Acting President: I now give the floor to his Excellency Mr. Ahmad Al-Hadad, Chairman of the delegation of Yemen.

Mr. Al-Hadad (Yemen) (*spoke in Arabic*): Twenty years ago, in June 1981 to be precise, when the first case of AIDS was discovered, we could never have imagined the scope of the tragedy. Indeed, over these last two decades, the number of individuals who have died in Africa, most of them in sub-Saharan Africa, exceeds 20 million. Today, 36 million people have been infected by this illness. Our era enjoys the fruits of technology and innovations in the field of medicine, yet humankind has still not been able to find an effective vaccine against this illness. Even when medicines have been found, their considerable cost prevents access to them by the most vulnerable groups of infected persons.

Today the representatives of States and Governments are meeting at United Nation Headquarters, aware of the danger the AIDS epidemic represents. We are facing a global state of emergency, and we must find the means of dealing with this tragedy, including the mobilization of resources to implement the Millennium Declaration, in which heads of State declared their commitment to fighting AIDS, halting its spread by 2015 and rendering assistance to all those orphaned by AIDS and other infectious diseases.

The response to the disaster of AIDS is not limited to the search for medicines. It also includes the search for a solution to all the various economic and social problems of societies affected by AIDS. It has affected health security, social services, the family and food security. AIDS has created a global crisis threatening the stability of all human society. Therefore, we note the importance of the draft declaration we will be adopting at this session. We also note the measures reflecting our political will, including those of Governments, the private sector and international organizations, including the United Nations, to deal with the problem of AIDS. In that context, the Government of Yemen supports the proposal by the Secretary-General to create an international fund mobilizing resources to deal with the needs of countries to fight AIDS. However, we believe that these resources represent merely the beginning. The international community must also adopt measures to remedy the problem of poverty and the effects of foreign debt, taking into account the role of official development assistance and the assistance provided to the least developed countries and to the developing countries in general, so that these countries can be a part of an international economy based on justice and shared responsibility.

My delegation believes that this United Nations special session is an unprecedented event of historic importance that has ramifications beyond the domain of health. This special session breaks the wall of silence and places additional responsibility on the international community. The Republic of Yemen has done all within its means to fight AIDS, both through its Government and through the participation of all sectors of civil society, in cooperation with the United Nations, the United Nations Development Programme, UNAIDS, the World Health Organization, and the United Nations Centre for Human Settlements (Habitat).

We have formed a national committee to combat AIDS. In the framework of our national assembly's efforts to combat AIDS, we have implemented a number of programmes and held public meetings to heighten awareness of this illness. We also attach particular importance to providing all due social assistance to young people, women and children.

The Republic of Yemen is particularly interested in combating this epidemic because of our country's geographic situation. Yemen has a rather long coastline, which has led the Government to provide financial resources, even given the economic difficulties we are facing, in order to take preventive measures to stop the spread of the epidemic.

My country is convinced that the battle against AIDS will be successful only if efforts are made at the national level to combat poverty and illiteracy, to provide education and health care, to ensure that all persons infected with HIV and their families are part of this campaign, to prevent mother-to-child transmission, to ensure the safety of transfused blood and to expand social security networks. We are particularly concerned to promote awareness of the dangers of this epidemic.

Humanity and its billions of members, especially the tens of millions of victims, are placing their hopes in this special session. All of mankind nurtures the hope that it will be possible to alleviate the suffering of those who are ill and of those who have been orphaned by the disease. We hope that the leaders of the world are committed to protecting them.

The Acting President: I now give the floor to Her Excellency Mrs. Mildred Trouillot Aristide, chairperson of the delegation of Haiti.

Mrs. Aristide (Haiti) (*spoke in French*): On behalf of the President of the Republic of Haiti, Mr. Jean-Bertrand Aristide, and of the Government and people of Haiti, I take this opportunity to congratulate the Secretary-General on having opened this special session in implementation of General Assembly resolution 55/13 to review the problem of HIV/AIDS in all its aspects and to promote a global commitment to fighting this epidemic on all fronts.

This pandemic has already led to the deaths of 21.8 million people, 17.5 million of whom were adults, 9 million women and 4.3 million children under the age of 15. The geographic distribution of the epidemic adds it in the most frightful way to the general misery and poverty of the world. In this world of paradox, it is interesting to note that the poor countries, which have been especially hard-hit by the AIDS epidemic, are making very significant efforts to build sustainable democracy and to promote fundamental freedoms despite all the political difficulties that are sometimes entailed by the geopolitical and economic challenges they face, which leave little room for mankind's freedom and development.

In that respect, I take this opportunity to note that the chronic political crisis in my country, Haiti, is now being resolved with the support of the Organization of American States. The new political understanding of the situation in Haiti should lead the international community to support my Government's efforts to strengthen democracy, reduce poverty and combat HIV/AIDS. This trio of democracy, poverty and AIDS could serve as clear signposts for the work and involvement of the United Nations to reverse this epidemic, which threatens development, food security and hopes for life and is a devastating burden on our economy.

Haiti is one of the countries of our region where the epidemic is very widespread. Its prevalence in our nation is between 4.5 and 6 per cent. In a population of 8 million, approximately 260,000 people are living with HIV/AIDS. On 7 May, the Ministry of Public Health and Population officially launched a process for developing a national strategic anti-HIV/AIDS plan for the period 2002-2006. The participation of the President, the Prime Minister and his Government in this national mobilization activity demonstrates the commitment of the Government to struggling against HIV/AIDS in Haiti. This commitment and political fall within the context of partnership with the private sector in the anti-AIDS campaign.

The social policies of the Government, focusing on investment in the human being, stress the achievement of growth in synergy with human development. This social policy, inter alia, assigns special priority to health care, in close harmony with the building of an institutional framework in which the Ministry of Public Health and Population can implement its policy of reorganizing the national health system and improving its performance by decentralizing responsibilities and services. Resources in the health sector are insufficient, whereas most financing for development has been frozen for several years. Despite these difficulties, the Minister of Public Health and Population, in cooperation with its partners, has set up a national AIDS programme focused on prevention, the reduction of sexually transmitted infections other than AIDS, mother-to-child transmission, safe transfusion, vaccine research and care for the ill.

The help of non-governmental organizations can contribute somewhat to easing these difficulties, but enhancing state control is an essential component in the entire logic of the struggle against poverty and in managing the implementation of the AIDS programmes. It is difficult, however, to reverse this pandemic if, beyond the health sector, we do not have the resources necessary to implement fundamental rights, such as the rights to education, information, justice, income to cover the most basic needs, decent living conditions and development. Institutional strengthening will give the State the means necessary to take into account the interaction among all those factors and to ensure consistency in the actions of the various partners.

In conclusion, I would recall that AIDS is everywhere in our world. The campaign against it is the greatest challenge facing humanity at the dawn of this post-modern era of the twenty-first century. In this vein, I take the opportunity to welcome the Secretary-General's initiative to create a global fund against AIDS. Heads of State and Government and members of Government and civil society, including non-governmental organizations and the private sector, must feel themselves challenged every day by this

scourge and, every day, must seize the opportunity when it arises to offer a gesture of solidarity in our struggle against HIV/AIDS at the global, regional, national and even individual levels. Such a simple gesture can work to reduce discrimination and the stigma attached to this pandemic. The motto of my country is "Union is strength"; likewise, working together, we can all overcome AIDS.

The Acting President: I give the floor to His Excellency Mr. Murari Raj Sharma, chairman of the delegation of Nepal.

Mr. Sharma (Nepal): I commend the President of the General Assembly and the Secretary-General for providing leadership in convening the General Assembly's special session on HIV/AIDS.

A challenge inspires human beings to respond. HIV/AIDS has dared us to come together and wage war on it. And today the world sits on so much wealth, knowledge and technology that collectively we can combat this epidemic.

HIV/AIDS is appallingly indiscriminate in its scope, and devastating in its scale and impact. In the last two decades, this stealthy killer has taken more than 21 million lives and orphaned 13 million children, as well as having infected 36 million people on earth, 96 per cent of them in developing countries. At a time when antiretroviral therapies and the growing awareness about safer sex are bringing down infection rates in rich countries, this pandemic is spreading like wildfire in poor countries. If left unchecked, it threatens economic development, social cohesion, political stability and food security in many States, particularly in sub-Saharan Africa, but increasingly in Asia and elsewhere. Hence, taking comprehensive, concrete, effective and urgent action at national, regional and international levels becomes critical in order to contain, and eventually eradicate, this deadly pestilence.

Although reported cases are much lower, Nepal is estimated to have nearly 50,000 young people with HIV infection and 2,500 with full-blown AIDS. Poverty and ignorance lie at the root of this menace. The situation has been rapidly deteriorating from a low-prevalence to a high-concentration epidemic. Every year, impoverished young men seeking employment outside and young women victims of trafficking, who end up in brothels, return from abroad with this terrible infection. They and home-grown sex workers and their clients have been transmitting the plague thick and fast. Combined, they constitute the overwhelming majority of the infected, followed by injecting drug abusers and children inheriting infection through mother-to-child transmission.

We broadly concur with the priorities for action the Secretary-General has outlined in his report. Nepal also welcomes his initiative to set up a global fund to help prevent and treat HIV/AIDS, mainly in needy countries. Of course, assuaging the pain of patients and making drugs affordable and accessible in poor countries must be our immediate focus. But prevention is our best hope and must be our top priority, through behavioural and structural measures.

Giving knowledge and power to people at risk to protect themselves, and courage to the infected to come out of the state of denial and seek assistance, as well as promoting investment in research to develop vaccines against HIV/AIDS, must be the cornerstones of a preventive strategy. Involving AIDS victims, respecting their human rights and offering information, testing and counselling must form an integral part of such a scheme. Above all, we must break the cycle of poverty, illiteracy, disease and conflict to remove structural obstacles to our capacity to reverse HIV/AIDS. No strategy will defeat this malady without such a holistic approach.

With its limited resources and capacity, Nepal has been trying its best to wrestle with the growing HIV/AIDS epidemic. We have now been updating the existing national strategy on HIV/AIDS. We have created a national centre for HIV/AIDS and earmarked a modest budget for preventive activities. A police cell has been formed to control trafficking in women, and a campaign has been launched to bring about awareness in high-risk areas. Government and non-governmental organizations have joined hands to control trafficking and provide support to its victims, as well as to prevent the further spread of HIV/AIDS. We are encouraging the private sector to play a meaningful role in the process.

Despite our commitment, what we have been able to do is far too little to confront this horrendous disease squarely on a sustained basis. Nepal, a least developed country, needs external assistance to build its human and financial capacities to do the job. We therefore appeal to the international community to live up to its commitments made in various global conferences and

compacts. The Millennium Summit should provide us the spirit to carry out this noble task.

HIV/AIDS does not respect national borders. Globalization has intertwined our destinies, pulling down many of the traditional walls that protected us in the past. That is why joining forces to prevent conflicts and wage war on poverty, illiteracy and HIV/AIDS and other diseases will be a good investment in our common future. The world has the capacity to make a real difference. We need political will and commitment to make it happen.

The Acting President: I now give the floor to Mr. Hubert Hartl, Chairman of the delegation and Adviser to the State Secretary of Health of Austria.

Mr. Hartl (Austria): On behalf of Austria, let me express our sincere admiration and appreciation for the organization of this eminently important world conference. We are especially grateful to Secretary-General Kofi Annan for drawing the world's attention to this serious issue. Let me also thank wholeheartedly Executive Director Peter Piot and his staff at UNAIDS for their excellent work in preparation for this special session.

The extent of the acquired immunodeficiency syndrome (AIDS) epidemic, with its demographic, social, economic and security impacts, has developed into the most threatening health and development challenge of our time. Austrian health policy first reacted to the challenge of HIV/AIDS in 1986 by passing its own AIDS legislation. The focus of the AIDS legislation with respect to the specific epidemiological facts of AIDS is on prevention, with counselling and information efforts placed in the foreground to avoid the spread of infection. Among other things, the law regulates the notification of AIDS cases, which has to be effected anonymously.

For the last 15 years, the Federal Ministry of Health has also committed itself to inform the public about HIV/AIDS. Consequently, the Health Department organizes national AIDS information campaigns with Austrian AIDS relief organizations at regular intervals. Both the population at large and individual target groups with higher risk behaviours were, and are, sufficiently informed of the origins of HIV infection and of the behavioural patterns necessary to avoid this sexually transmitted disease.

At the same time, the Health Department focuses on continuous and detailed information and prevention activities by means of seven regional AIDS relief organizations, which evolved from the Austrian AIDS relief organization Österreichische AIDS Hilfe. These regional AIDS relief associations are subsidized mainly by the Federal Government, but also by the Federal provinces and private sponsors.

For 2001, a total of 2.5 million euros was allocated for the implementation of the following main points. Anonymous HIV tests are carried out for persons willing to undergo them and consulting activities on the transmission routes of HIV. To this effect, special attention is paid to providing relatively easy access to advisory centres, which aim at reaching as many persons as possible. Meanwhile, the associations also offer hepatitis B and C testing. Prevention meetings are held, in particular in schools, and, in this context, there are educational activities for peers and multipliers, such as teachers. There are special projects such as prevention work — street work and prevention on the spot — in order to reach, in addition to children and adolescents, other vulnerable groups. Consulting and information activities are carried out for persons infected with the HIV virus and for their families, but without treatment.

The associations are also participating in many European Union projects, such as AIDS and Mobility, the AIDS Enterprise Network, AIDS in Prison, HIV/AIDS Prevention in Europe, and so on. They are also preparing autonomous projects for Central and Eastern Europe, such as the Peer Education Project for adolescents in Moldova. The Austrian AIDS relief associations also produce informative prevention material and a quarterly review, *Plusminus*, and organize regional campaigns. They also created a home page which provides information on Austrian activities, developments and treatment.

Basically, progress achieved in the treatment of AIDS has changed the clinical picture. As a result of combination therapy, the acquired immune deficiency syndrome will be slowly transformed into a chronic disease, thus causing a change in the scope of activities of AIDS relief associations. In addition to spreading comprehensive and practical information, measures that satisfy the needs of target groups — which can also prevent discrimination against persons concerned, helping them to return to their place of work — must be continued and intensified.

Since the prevention of AIDS requires flexible concepts, the continuous prevention efforts of non-governmental organizations allowing them to take into account the specific circumstances of target groups were considered a significant corner stone in Austrian AIDS prevention, and they seem generally successful. In a country with a total population of over 8 million people, 2,096 AIDS cases have been reported to us since 1985, of which 1,269 resulted in death. Reliable estimates of the number of HIV infections range from 10,000 to 15,000 cases.

Furthermore, the evaluation of these measures is carried out by the Health Department of the Federal Ministry for Social Security and Generations. Examinations of patients treated at major Austrian medical centres are carried out, and it is possible to undertake epidemiological analyses on the basis of a very detailed database.

For those persons for whom preventive measures came too late or were not successful for various reasons, round-the-clock, state-of-the art services are provided by the public health-care system.

Basically, public hospitals are obliged to accommodate any person in need of hospitalization — for example, any person whose physical or mental condition necessitates in-patient treatment. Consequently, there have not been any substantial problems connected with the medical care of AIDS patients in Austria. This intramural care of AIDS patients is effected mainly in specialized and out-patient departments of the hospitals in the larger urban areas.

The relocation of patients to the out-patient extramural area, which has become feasible thanks to the modern combination therapy, is also paid for by public health insurance. Therefore, in addition to an increased quality of life for the patient, the financing of such services has been secured.

To sum up, the Austrian approach to the HIV/AIDS challenge is based on the following elements: national, regional and local leadership; multisectoral leadership; cooperation with all actors of civil society, especially non-governmental organizations; prevention through education and information; and intramural and extramural treatment.

Nevertheless, the least harmful infection is an infection that does not take place.

The Austrian Federal Government, with State Secretary for Health Professor Waneck at the forefront, therefore decided — despite a very tight budget and a general savings policy — to give, in addition to the non-pecuniary support, financial support to the United Nations for the fight against the HIV/AIDS pandemic, in particular in the most affected regions of our world. In this context, I have the privilege to inform the Assembly that Austria will contribute $1 million to the global health and HIV/AIDS fund announced by the Secretary-General, Mr. Kofi Annan.

The meeting rose at 6.05 p.m.

United Nations A/S-26/PV.6

General Assembly

Twenty-sixth special session

Official Records

6th meeting
Tuesday, 26 June 2001, 7.00 p.m.
New York

President Mr Holkeri ..... (Finland)

In the absence of the President, Mr. Lelong (Haiti), Vice-President, took the Chair.

The meeting was called to order at 7.10 p.m.

Agenda item 7 (*continued*)

Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects

The Acting President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Hamada Bolero, Prime Minister of the Islamic Federal Republic of the Comoros.

Mr. Bolero (Comoros) (*spoke in French*): Mr. President, speaking for the first time before this Assembly, I first wish to convey to you a message of support and solidarity from the head of State of the Islamic Federal Republic of the Comoros, Colonel Azali Assoumani, and his best wishes for success in our work.

Next, on behalf of the Government of the Comoros and of its delegation, which I have the honour of heading, and in my personal capacity, I wish to address our sincere thanks to Secretary-General Kofi Annan and to all of those who have contributed to the organization of this important international meeting on HIV/AIDS, an unparalleled initiative which translates the commitment and determination of the United Nations in bringing this issue to the attention of the international community.

It is, therefore, a meeting full of enormous hopes for our populations, who have been alarmed and traumatized by the spread of the epidemic and its devastating effects on humanity. In fact, due to the speed at which the disease is spreading, decades of development have certainly been wiped out; hence, the need for worldwide mobilization for stronger action.

We must be aware of several dimensions in the management of the struggle against the HIV/AIDS epidemic. First, the social dimension requires us to take into account the considerable loss of life, which is increasing daily. Next, there is an economic and financial dimension, because in weakening the most productive layers of society, and in slowing down economic growth, AIDS surely endangers the future of economic development. Finally, there is a cultural and educational dimension, which requires the intensification of preventive actions as a key element in the response.

To face this pandemic, we must take into account these three dimensions and start with innovative partnerships — innovative in terms of revising our approach and in our health care strategy; innovative in the measures designed to make medicines financially accessible; and innovative in the consistent attitude of being aware that the care given to the infected persons must go hand in hand with enormous moral support for them.

I wish to take this opportunity to pay a well deserved tribute to the World Health Organization (WHO), the Joint United Nations Programme on HIV/

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AIDS (UNAIDS) and all governmental and non-governmental organizations which are working towards global action to combat this scourge of our time for the remarkable efforts they are making in this area. These efforts must be redoubled in certain regions, including Africa, which is bearing the brunt of the pandemic.

I wish to emphasize the importance of the Forum 2000, which was held at Addis Ababa, and the Abuja Declaration for the fight against HIV/AIDS, which solidifies the concern of high officials in Africa faced with this scourge.

In the Islamic Federal Republic of the Comoros, the HIV/AIDS pandemic is observed with the same fear and the same concern as in many countries which have been seriously affected. In fact, because of its insularity, its geographic position, and the seasonal tourism it attracts, the Comoros archipelago is exposed to this scourge. This situation makes it easy for people to travel from countries with a high prevalence of HIV/AIDS.

Since the first cases were detected in March 1988, my country has recorded 61 persons as carriers of HIV, of which 25 have died. Thus, in accordance with the health policy and the national health development plan, in 1990 the Government set up a national programme to combat sexually transmitted diseases and AIDS, which serves as an organizational and coordination structure.

At the political level, coordination is ensured by the interministerial and multisectoral committee which was established in October 1998. Furthermore, a thematic group composed of representatives of WHO, the United Nations Population Fund, the United Nations Children's Fund, the United Nations Development Programme and certain ministries and non-governmental organizations was established to provide technical support.

The Government of the Comoros is greatly concerned by the magnitude of the spread of the disease and has stressed certain essential actions retained in the plan of action drawn up for the period from 1999 to 2003. This plan of action, adapted to the world strategy as designed by UNAIDS, includes notification of cases and availability of and access to information and services, as well as mobilizing communities.

Preventing transmission through information, education, communication and transfusion security has become a greater priority than ever before. Special attention is granted to young people, for whom specific activities have been identified. Thus, upon the recommendation of the head of State, the Government of the Comoros decided to have widespread anti-AIDS clubs in schools and in youth associations, to include the item "fighting against AIDS" in the school curriculum and to teach parents about it through parent-teacher associations, and to involve all social strata by bringing in religious leaders, traditional leaders, and associations and other village structures.

The commitment of the head of State and the Government of the Comoros is further demonstrated by the opening of a budget line to support anti-AIDS programmes. There is a plan for establishing a technical superstructure for coordination and follow-up under the supervision of the presidency of the Republic, and for including this subject in all official statements of the head of State. However, the will of the Government faces many obstacles, in particular those of an economic and financial nature.

To that end, and keeping in mind these obstacles, my country once again calls for greater international solidarity, particularly at this crucial turning point of its history marked by the process of national reconciliation after four years of secessionist crisis. The embargo imposed on one of the Comoros Islands, Anjouan, has made the action of organizations and specialized structures to combat AIDS even more complicated.

I hope that this session will be a great opportunity to heighten our awareness of this danger that is invading our planet. May we combine our efforts in an ever greater way to limit the consequences.

The Acting President (*spoke in French*): I now give the floor to The Honourable John Seneviratne, Minister of Health of Sri Lanka.

Mr. Seneviratne (Sri Lanka): I bring warm greetings from Her Excellency Chandrika Bandaranaike Kumaratunga, the President of Sri Lanka, to this gathering representing Governments and relevant organizations at this important special session. Her Excellency, who is also the current Chairperson of the South Asian Association for Regional Cooperation, wishes to express her firm commitment to the global effort in the prevention and control of HIV/AIDS,

which has become a threat to the very existence of mankind. Her Excellency endorses the United Nations addressing the problems of HIV in all its aspects and regrets her inability to attend this special session because of national commitments.

Although a low-prevalence country, Sri Lanka has many factors to fuel an epidemic of HIV/AIDS if appropriate action is not taken to thwart such a disaster. Fifty-five per cent of our population is in the sexually active group. The problems of internal and external migration and displacement either for employment or on account of the ongoing conflict, narcotics usage, poverty and ignorance in some sectors are some of the potential contributory factors.

As the Assembly is aware, the epidemic that devastated Africa has reared its head in Asia with the same trends that were initially observed in Africa. Some of our neighbouring countries are already confronting epidemic proportions of the disease. Prevention is one of the main themes of this special session, and unless we wake up to this challenge, we will soon be facing the repercussions of the disease that our African brethren are facing today.

The Government of Sri Lanka is deeply committed to this cause. My Ministry, in collaboration with the Ministries of media, education, defence, tourism and social services, with the support of non-governmental organizations, is making a valiant effort to act on all aspects of this disease, especially targeting the most vulnerable groups in the tourist sector, sex workers, migrant workers, armed forces, the poor, youth and drug users.

Legislative acts on blood policy and the regulation of private blood banks to ensure blood safety have already been undertaken. The Government has taken steps to train all relevant sectors as an ongoing process, with continuous efforts to improve the infrastructure in order to effectively implement this programme.

Social marketing of condoms, use of antiretroviral drugs on a limited scales, with the assistance of non-governmental organizations, and human rights aspects are some of the issues the Government has already addressed. Aware of the global devastation caused by this disease that transcends all social, political, religious and ethnic barriers, I cannot be complacent, although we are still classified as a low-prevalence country. We have learned, at the cost of great human losses, the importance of preventing this disease.

Preventing vulnerable groups from entering the sex trade with a poverty-alleviation programme called Samurdhi, ensuring quality education and life competency skills for all and providing relevant vocational training for vulnerable groups and youth are a daunting challenge for the Government and are measures that would need international assistance.

I would like to highlight another crucial area of care, support and treatment that has been addressed as an important issue at this gathering. The cost of antiretroviral therapy and diagnosis creates boundaries of discrimination between the rich and the poor. As a human rights issue afflicting millions in the poorer countries and unborn children, I urge the United Nations to seriously address the issue of the provision of drugs and diagnosis at an affordable price to those countries that are less fortunate.

Let us work together to forge a strong, dynamic and sustainable partnership to fight this deadly disease in our region. To that end, I propose that the United Nations extend further assistance in establishing an Asian AIDS and health fund and an Asian partnership against HIV/AIDS. The stakeholders in this partnership should be the Asian Governments, the United Nations, the donors and relevant groups, including non-governmental organizations. This partnership should be based on mutual agreement, shared vision, common goals and trust. Every effort should be undertaken to curtail the spread of HIV, leading to the reversal of its course. This would reduce human suffering and assist in social and economic development in Asia.

Finally, let me quote Mr. Kofi Annan, whom I was privileged to listen to at the recent World Health Assembly:

> "Let us rise above turf battles and doctrinal disputes. The battle against AIDS is too important for us to risk side-tracking it by championing one institution against others. Only the results should matter, and the only acceptable result is that we replace suffering with hope."

This special session is a noble endeavour. May I, on behalf of Sri Lanka, wish it every success.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Hajar Bin Ahmed Hajar Al-Banali, Minister of Public Health of Qatar.

Mr. Al-Banali (Qatar) (*spoke in Arabic*): I wish to thank you, Sir, for giving me the opportunity to express the position of the State of Qatar on this devastating pandemic that threatens the whole world.

When HIV/AIDS was first discovered 20 years ago, no one expected that this tiny virus would be the largest global health threat to mankind, as it disrupts the social and demographic structure, destroys economies and threatens the political stability of many countries. Furthermore, the emergence of new strains of HIV that resist the existing antiretroviral drugs makes it imperative that we develop a future strategy to effectively respond to these strains of the virus whenever they are detected. The worldwide spread of this dangerous disease requires us to be fully and collectively aware of its negative impact and to work towards stopping it.

During the last 20 years, we have accumulated great knowledge about all aspects of the disease, which should enable us to stop it from spreading further. It is now time to provide the necessary political commitment to utilize and apply this knowledge.

We in the State of Qatar believe in the importance of cultural diversity because we are confident that it enriches human progress and development. However, when some specific risky types of behaviour in certain societies become a source of danger for the rest of the world, being closely linked to the spread of HIV, then we are required to stand up to such behaviours.

The State of Qatar is doing its utmost to combat this disease and to limit its spread. Since we are not isolated from the rest of the world, we have diagnosed 164 cases during the last 20 years. Most of those individuals acquired the virus from blood transfusions before 1985. Although this number seems small, the relatively small population of the country, which is about 600,000, makes every newly discovered case a tragedy.

The State of Qatar provides all the necessary medical services and support to people living with HIV/AIDS, including retroviral therapy and psychological and social counselling for patients and their families, and ensures that they enjoy full civil and political rights.

The State of Qatar is convinced that the best way to prevent the spread of the disease is through increasing awareness among the population. It is worth noting that Qatar society remains religious, moral and conservative, which has helped limit the spread of the disease.

The ravaging spread of HIV throughout the world requires that we stand together, assume responsibility as a whole and rid ourselves of the mistaken notion that this disease is someone else's responsibility. Indeed, the world has become small and people are no longer isolated from each other, and any threat of infectious disease in any country of the world is a threat to the entire world.

Therefore, the State of Qatar supports the following steps. The first step is to tackle the debt problem of poor countries that are heavily afflicted by the pandemic. The second is to develop and improve the health systems of those countries in order to provide proper medical care, treatment and follow-up for HIV patients, and to allow the transfer of antiretroviral drugs and therapies. Monopolies on drugs should be prohibited in order to provide these drugs at affordable prices to low-income countries and ensure the continuity of their supply, regardless of the negative impact these policies may have on the profits of big pharmaceutical companies.

The third step is to share expertise in the area of HIV/AIDS prevention in order to limit the spread of the virus, using all necessary means and tools to achieve this, including the availability of condoms and sterile syringes.

The fourth step is to intensify support of relevant scientific research in order to speed the discovery of a definitive cure for the disease and to create an effective vaccine that can be used to eradicate the virus worldwide, as occurred with smallpox.

The fifth step is to provide a cure against latent tuberculosis infection for all HIV-infected individuals, since tuberculosis is the main cause of death among HIV-positive individuals in developing countries; it must be taken into consideration that the spread of HIV has created an environment propitious to the propagation of multiple-drug resistant tuberculosis.

The sixth and most important step, which will have an immediate, positive impact, is to direct greater investment and efforts towards increasing societal awareness of HIV/AIDS, and to create an international sense of responsibility at the individual level, with

greater emphasis on decent behaviour and adherence to moral values and virtues.

In conclusion, I extend my thanks to the President, to the Secretary-General, Mr. Kofi Annan, and to the others who have made such commendable efforts in organizing and sponsoring this special session of the General Assembly.

The Acting President (*spoke in French*): I call upon His Excellency Mr. Roman Kováč, Minister of Health of Slovakia.

Mr. Kováč (the Slovak Republic): First of all, I wish to congratulate the President on his election to lead the twenty-sixth special session of the General Assembly, devoted to the review of the problem of HIV/AIDS in all its aspects. Slovakia associated itself with the statement presented by the representative of Sweden on behalf of the European Union. Nevertheless, it is my pleasure and honour to make a statement on behalf of my country.

Please allow me to express my gratitude and great appreciation for the excellent work of the Preparatory Committee on the final document, the draft declaration of commitment on HIV/AIDS. I would like to assure the Assembly that Slovakia will continue to provide its support for the successful conclusion of this important special session.

Slovakia, like several other Central European countries, has been experiencing a complex economic transition, a part of which is the process of transforming the health sector.

In April of this year, the Ministry of Health of the Slovak Republic, in cooperation with civil society institutions, organized the advocacy meeting of the national programme on HIV/AIDS. Our aim was to strengthen commitment and intensify coordination and cooperation at all levels of society in combating the pandemic disease.

For moving to avoid critical future trends, the Slovak national AIDS programme has been recognized as the most significant element in this partnership. Besides the reinforcement of existing multisectoral cooperation, another area of responsibility is the development of complex preventive measures and antiretroviral treatment and care. Furthermore, it is imperative to mobilize adequate human and material resources.

The creation of a subregional partnership of national AIDS programmes is crucial for preventing HIV/AIDS from spreading. The strengthening of the international technical cooperation of UNAIDS and of the European Union's accelerated action programme on HIV/AIDS will provide significant assistance to my Government.

We wholeheartedly agree with the clear statement of principles made by the Secretary-General, and especially with the need for strong, committed leadership at every level of the multilateral fight against HIV/AIDS and the need for resources. We welcome the initiative to create the global AIDS and health fund, emphasizing that all efforts should be made in order to make the fund operational by the end of 2001.

We believe that this special session of the General Assembly is a great and unprecedented opportunity to combine and augment the efforts, resources and political will of the international community. Our unity will enable us to combat the HIV/AIDS epidemic and, hopefully, reverse its course.

The Acting President (*spoke in French*): I now call on His Excellency Mr. Léon-Alfred Opimbat, Minister for Health, Solidarity and Humanitarian Action of the Congo.

Mr. Opimbat (Congo) (*spoke in French*): Mr. Sassou-Nguesso, President of the Republic of the Congo was unable to attend, and he appointed me his personal representative to this special session of the General Assembly on HIV/AIDS.

On his behalf, allow me first to congratulate you, the President, Secretary-General Kofi Annan and others for the holding of this special session and for the quality and depth of the Secretary-General's report. I should sincerely like to thank the Secretariat of the United Nations for having patiently organized this noble initiative to mobilize a world partnership against HIV/AIDS, as symbolized by the UNAIDS programme. Our thanks go likewise to the United Nations agencies, which have created and consolidated this national and world momentum, which is now our common credo.

Great scourges require great remedies. HIV/AIDS, as we know, is a very important public health problem, and a problem for socio-economic development and security. This scourge, unfortunately, has caused terrible setbacks to all humankind. The

spread and worsening of the disease have affected my country and our subregion, Central Africa, in terms of poverty, malnutrition, illiteracy, and armed conflicts, which have caused massive forced displacements of populations.

The battle against HIV/AIDS in our specific situation requires the restoration of peace and stability and the alleviation of poverty. Our people and our Government are now resolutely committed to these goals. The recent holding of the all-inclusive national dialogue and the signing of the national convention on peace and development illustrate this point. We express our profound gratitude to the international community, to friendly countries, to external partners and in particular, to the international mediator, El Hadj Omar Bongo, President of the Republic of Gabon, for their support to my country in this process.

AIDS is an undeniable reality, a pandemic that requires a global response at all levels, in a spirit of love, altruism and solidarity, for the sake of the survival of humankind. This is our individual and collective responsibility and duty. Clearly, this goal presupposes a commensurate mobilization of resources of all kinds, particularly financial resources, at every level. There is a great temptation to think that the poor and developing countries are the weak link in this initiative. However, we must recognize the outstanding efforts made by the poor or developing countries in the battle against HIV/AIDS, and in the strengthening of health services, particularly in the areas of information, education and communication, the social marketing of condoms, counselling, training, operational research and the rehabilitation of the health sector. But access to care in general and to antiretrovirals in particular, as well the financing of our health-care systems, continue to pose enormous problems for our peoples.

In our poor and developing countries the ability to take action is limited by several factors. In particular there is the external debt burden, which reduces public investment and keeps States in the cycle of poverty. The reduction or cancellation of this debt, in a spirit of international solidarity, would free up money for the struggle against this disease in our countries. Even in this case, complementary financial support from the international community, and in particular from the most industrialized countries, remains indispensable.

We have increasingly stressed cooperation in subregional and regional groups, and we request consistent support from such groups. We are pleased by the Secretary-General's proposed establishment of a global fund for HIV/AIDS and health, and we hope that the rich countries and generous donors will help ease the suffering of the poor by contributing regularly and substantially to this fund. While recognizing the efforts made by certain pharmaceutical companies in reducing the prices of antiretrovirals and in social-oriented activities, we hope that they, and other companies that have been slow in responding, will do more here.

In conclusion, it will be largely in this way and in the framework of a dynamic global partnership that we can expect to achieve a true and effective victory over HIV/AIDS for the benefit of all humanity.

The Acting President (*spoke in French*): I now call on His Excellency Mr. Peter Coleman, Minister of Health and Social Welfare of Liberia.

Mr. Coleman (Liberia): It is with great pride that I represent the Republic of Liberia on this momentous occasion. Understanding the global impact of HIV/AIDS, the President of the Republic of Liberia, Mr. Charles G. Taylor, would like to thank the United Nations for convening this General Assembly special session as a demonstration of its commitment to ensuring that the world joins hands in this concerted effort to combat HIV/AIDS. With sub-Saharan Africa under attack by this deadly pandemic, it is incumbent upon Liberia to do its share in minimizing the effect on our populace and to contribute to a decrease in the rate of infection on our continent, and hence in the world.

With our current prevalence rate at an alarming 8.2 per cent, we find ourselves on the verge of an explosion. Conventional interventions seem effective, but still leave a gap between awareness and education. With negative influencing factors such as a high illiteracy rate, massive migration and an increasing level of poverty in Liberia, we are left with no option other than adopting a new approach in consonance with the resolutions enshrined within the framework of the African Development Forum and the Abuja Declaration. As partnership and leadership at all levels are the keys to curbing the trend of this disease, we must explore and foster new forms of collaboration and strengthen existing ones, within the framework of the international partnership against AIDS. In this way we should be able to develop a holistic approach which will include, inter alia, care and support for people

living with AIDS, the empowerment of women and different measures geared towards poverty alleviation.

As Liberians endeavour to come to terms with the recently imposed United Nations sanctions, which have brought additional hardship to the war-weary population of Liberia, we would like to express our profound gratitude to the Government and the people of the Republic of China for the various types of assistance we have received in the revitalization of our health sector. We would like to make specific mention of the donation of 5 million condoms to strengthen our HIV/AIDS interventions. In other areas of health care, the Taiwan Roots Medical Peace Corps, which responds to appeals for emergency relief from countries confronted with armed conflict or natural disaster, has carried out two campaigns in Liberia, treating about 1,500 patients.

The Government of France has also stepped up its support for our three-year multisectoral strategic plan of action in the area of HIV/AIDS awareness and prevention. As a result, two volunteer counselling and testing centres have been established.

In spite of these contributions, there is still need for additional bilateral and multilateral funding. The current level of resources mobilized and invested in HIV/AIDS prevention and care and in poverty alleviation needs to be more than doubled. This sort of assistance is indispensable if we are to succeed in this fight against this deadly disease. The problem of external international obligations creates even greater difficulties, in that we are harnessed with the strangulating problem of debt relief. The fight against HIV/AIDS would have a greater chance of success if the developed countries would streamline the Heavily Indebted Poor Countries Debt Initiative so as to make it less of a burden on developing countries, and especially on those emerging from civil crises.

The Government and the people of Liberia would like to take this occasion to commend the Secretary-General, Mr. Kofi Annan, for his bold initiative to establish a global fund for the fight against HIV/AIDS. Liberia is committed to this fund and hereby pledges $25,000 to it. We must all demonstrate our national commitment to fighting this scourge by contributing to the fund, and also by developing mechanisms for the sustenance of the interventions that will be supported by the global fund. All efforts must be made to ensure the affordability of life-saving medicines and other commodities in poor countries, through price reduction and other mechanisms.

The number of people living with HIV/AIDS now stands at 36.1 million globally, with sub-Saharan Africa accounting for about 75 per cent of this total. There are also 13.5 million children who have been orphaned by HIV/AIDS. Already we cannot afford to educate the majority of children on our continent. How can we care for them?

We would also like to commend the Government of Nigeria and the Organization of African Unity (OAU) for hosting the OAU Summit on HIV/AIDS, the first of its kind on our continent.

The Acting President (*spoke in French*): I now call on His Excellency The Honourable Gaston Browne, Minister of Planning, Implementation and Public Service Affairs of Antigua and Barbuda.

Mr. Browne (Antigua and Barbuda): Antigua and Barbuda welcomes the opportunity to participate in this special session of the General Assembly on HIV/AIDS, to secure a global commitment for enhanced coordination and the intensification of efforts to combat the pandemic.

The first case of HIV/AIDS in Antigua and Barbuda was recorded in December 1985, and we have seen a steady increase in reported cases during the past 15 years. We have utilized our scarce resources wisely to build our human capital and have made significant strides over the years. However, the prevalence of HIV in Antigua and Barbuda and the wider Caribbean — which is among the highest in the world, ranking second only to sub-Saharan Africa — is threatening to reverse our developmental gains. The pandemic has demographic, social and economic implications for our populations and is now the most serious developmental challenge facing the Caribbean. Today, HIV/AIDS threatens the literacy levels, life expectancy, human-skill resources, prosperity and productive capacities of our respective countries.

Our national HIV/AIDS response programme is essentially one of prevention through a strategy of informing and educating our general population. The programme is funded almost entirely by the Government of Antigua and Barbuda and augmented with external assistance from several agencies. We would like to take this opportunity to thank these agencies, including UNAIDS and the Caribbean

Epidemiology Centre, for the assistance they have extended to us. We recognize the importance of providing care and support for HIV-infected persons and their families and we have sought to do so within the constraints of our extremely limited resources.

A programme of voluntary HIV testing among pregnant women was introduced in Antigua and Barbuda in March 1999 as part of our national intervention to reduce HIV transmission from mother to child. Regrettably, our financial resources do not permit us to offer combination therapy to these mothers. Also, we are now grappling with the very difficult and urgent issue of care and support for our children orphaned by AIDS. We call upon the international community for much-needed assistance to contain the prevalence of HIV and the management of AIDS in the Caribbean.

Taking full cognizance of the complexity of HIV/AIDS and its developmental challenges, our vision is to inspire and mobilize all stakeholders to enter into partnerships, to take responsibility, to provide leadership to create, sustain and support an environment of prevention of HIV transmission through the adoption of safer sexual behaviours and to promote more supportive environments for people living with HIV/AIDS.

HIV/AIDS has infected in excess of 60 million individuals, of whom over 22 million have died in 20 years. This has been the most vicious disease in the history of mankind, and if we do not make the prevention and cure of HIV/AIDS a global priority, we may be faced with the extinction of the human race.

The effective management and reversal of the devastating effects of the pandemic cannot be achieved at the national level given the enormity of the resources required to fight the disease. The resources required to fight this killer disease necessitate a coordinated and systematic global response.

Antigua and Barbuda supports the call for a global coordinated response to combating HIV/AIDS as a priority agenda item for all countries and multilateral and regional institutions. We support the call for the establishment of a global AIDS and health Fund to increase resources to contain and eventually develop a cure for AIDS. Contributions to this fund should take precedence over military spending, and the fund should be easily accessible to all. We support the call for the introduction of concessionary pricing for HIV antiretroviral drugs for developing countries to increase accessibility to treatment for individuals living with HIV/AIDS.

In addition, we propose the establishment of a global AIDS council, comprising heads of State and heads of the various multilateral institutions, scientists and corporate leaders. They would act as advocates for the procurement of increased investments and commitment for HIV/AIDS prevention and cure, and against discrimination against individuals living with HIV/AIDS and the stigmatization of the disease.

HIV/AIDS is not only a developmental challenge in that it destroys the most productive human resources, but is also now a fundamental threat to national sovereignty and global security. The threat of the AIDS pandemic requires full global commitment at the highest political level and a coordinated approach to effectively manage and ultimately develop a cure for HIV/AIDS.

Let us not deny the realities of HIV/AIDS; let us not stigmatize and discriminate against individuals living with HIV/AIDS. HIV/AIDS is non-discriminatory; it kills and impoverishes millions of people annually, without distinction to age, gender, ethnicity, status or income standing. Finding a solution requires global solidarity. Let us come together in solidarity and fight to combat this deadly disease that is threatening the survival of mankind.

The Acting President (*spoke in French*): I give the floor to Her Excellency The Honourable Jacqueline Theodore, Acting Minister of Health and Social Security of Dominica.

Ms. Theodore (Dominica): The Commonwealth of Dominica welcomes this opportunity to participate in this United Nations special session devoted to the examination of HIV/AIDS in all its tragic dimensions and global ramifications.

The depressing statistics and horrifying magnitude of the HIV/AIDS pandemic are well known to all of us assembled here; there is therefore no need for further recitation. But there is an urgent need for the international community to make a determined, committed and serious effort to arrest the alarming infection rates in those parts of the world least able to deal effectively with the problem. There is an urgent need to begin at once to act with the resolve of the Millennium Summit so that we can reverse the spread

of HIV/AIDS by 2015. There is an urgent and compelling need for us to marshal the forces and resources necessary to deal with what the Secretary-General has labelled the greatest public health challenge of our time.

In small developing societies like the Commonwealth of Dominica the HIV/AIDS contagion is much more than a public-health challenge. We are already hampered by a severely limited financial and human resource base, and the rising incidence of HIV/AIDS continues to undermine our development efforts on many fronts. With the highest rates of infection occurring in the age group of those between 24 and 54 years old, the productive capacity of the country is being diminished simultaneously with greater demands on our meagre financial resources, both private and public, for increased spending on care and facilities for the victims and to mitigate the devastating social and economic consequences of the disease.

The first case of HIV infection in the Commonwealth of Dominica was diagnosed in 1987. Since then, the virus has been identified in increasing numbers of persons, with a shift from predominantly men who have sex with men to a more heterosexual mix, so that the gender balance of infected persons has changed from almost exclusively male in the 1980s to a ratio of almost 2:1 male to female.

A comprehensive information and education campaign undertaken through the media, schools and community groups has been in existence in Dominica since 1986, and this is being incorporated into the Health and Family Life Education Programme for schools. A National AIDS Committee charged with providing guidance to the Ministry of Health and Social Security and comprising Government agencies, civil society, the private sector and religious organizations has been in place since 1988.

Regionally, our efforts have been greatly assisted by the Caribbean Epidemiological Centre and the Pan American Health Organization, which are currently working with us to develop a five-year strategic plan to deal with the HIV/AIDS situation. The plan uses a multisectoral approach in line with guidelines from the Caribbean Regional Strategic Plan of Action approved by the heads of Government of the Caribbean Community in July last year, and it will be informed by successful programmes from within the Caribbean region and beyond.

Despite our best national and regional efforts, however, the rates of infection in the Caribbean are second only to those of sub-Saharan Africa. Dominica ranks the second highest among the islands of the Organization of Eastern Caribbean States in numbers of persons infected with HIV. The simple fact is that much more is demanded of us if we are to realize some measure of success in the containment and eventual reversal of the spread of HIV/AIDS in Dominica and the Caribbean region — more in terms of greater capacity-building; more for the implementation of innovative education programmes to effect behavioural change and to assist our young people in particular to fully understand their vulnerability to contracting HIV; and more poverty reduction programmes and greater accessibility to more affordable drugs and treatment facilities.

Small developing islands like Dominica cannot do it alone. The international community must be committed to the struggle. That is why we applaud the efforts of the Secretary-General in seeking to establish the global trust fund to fight AIDS and other infectious diseases. But early responses are not encouraging, and there are serious doubts with respect to the level of funding likely to be achieved. The prospect of the poor receiving the full benefits of the fund are dimmed by the call to respect intellectual property rights and adherence to the World Trade Organization's rules.

The affordability of drugs for victims of HIV/AIDS in poor countries like Dominica must be one of the objectives of the fund. Therefore, producers of generic anti-AIDS drugs are essential to the success of the fund's programmes. We cannot continue to elevate the excessive profits of the major pharmaceutical companies above the suffering of millions.

The Commonwealth of Dominica is committed at the highest level to fighting HIV/AIDS. Bearing in mind the limited resources available nationally and regionally, the present infection rates and the difficulties encountered in effecting positive changes in attitudes and behaviours; and recognizing the potential for an even more rapidly escalating crisis in the Caribbean region, the Commonwealth of Dominica calls upon the international community and industrialized nations in particular, to work seriously to

achieve the goals and targets agreed to in the draft declaration of commitment.

The Acting President (*spoke in French*): I now give the floor to Mr. Ahmed El-Atrash, Chairman of the delegation of the Libyan Arab Jamahiriya.

Mr. El-Atrash (Libyan Arab Jamahiriya) (*spoke in Arabic*): This twenty-sixth special session of the General Assembly is being held to study the problem of HIV/AIDS, the greatest catastrophe in human history, and to search for strong measures against it. This horrendous pandemic respects no national or racial boundaries, affecting everyone, rich or poor, without distinction as to age, sex or ethnicity. We are facing a historic challenge today. States, Governments, organizations, pharmaceutical companies and individuals must work seriously to tackle this invading danger. We must all face up to our responsibilities. We must go beyond selfish national interests and respect the spirit and the letter of the draft declaration of commitment. We must mobilize all the necessary financial resources and materials to implement it.

The countries of the world — and, despite their meagre resources, the countries of the third world in particular — have committed themselves in the draft declaration under consideration to attain specific goals. There is no doubt that those countries will do their best to respect their commitments. But it is unfortunate to note that the response of developed, wealthy countries is not commensurate with this human disaster.

Preventing HIV/AIDS should be the main target upon which all national, regional and international measures are focused. Prevention, along with care and treatment for all those affected by the virus, should be complementary elements of any effective response. Prevention should entail campaigns to raise awareness of the dangers of the disease through educational and information activities and the provision of food, vaccinations and health care.

We would like to stress the importance of moral, religious and spiritual values, which we believe to be a safety valve allowing us to avoid being tempted into dangerous and far from normal relationships that increase contagion among adolescents and young persons, who are the backbone of our peoples. It is a sin to accept homosexuality and to ask that it be accepted. Homosexuality is one of the main causes of this disease. This sin does not respect divine rules prohibiting homosexual practices. In fact, God sent the prophet Lot with a clear message prohibiting such practices.

We emphasize the importance of ensuring that the international community confronts the problems associated with the pandemic. In particular, those problems include poverty, poor socio-economic conditions, the deterioration of educational systems and estrangement from religious values. We in Africa are committed to do our best to face the pandemic and other dangerous diseases threatening our peoples. Our leaders committed themselves at the special meeting at Abuja to devote at least 15 per cent of our national annual budgets to improve and strengthen the health sector and to bolster efforts aimed at combating HIV/AIDS. Along with that, we believe that the international community — and wealthy countries in particular — should shoulder their responsibilities to provide financial and material support to strengthen the national capacities of developing countries.

Despite the blockade and the unfair resolutions imposed against it, and on the basis of its profound responsibility to defend human rights to health, well being and effective treatment when people become ill, Libya announced the establishment of a South-South fund for health care at the South summit held in Havana last year. An Africa centre for contagious diseases is being set up, and our leader, Muammar Al-Qadhafi, has announced that the Libyan Arab Jamahiriya will bear most of the expenses for this centre. We hope this initiative will awaken everyone's conscience and encourage people to participate actively to ensure that this foundation will succeed and create other foundations to coordinate with it, with Governments, with international organizations, international corporations and research centres to mobilize efforts in the fight against this lethal disease.

The holding of this special session of the General Assembly is certainly an historic event and a rehabilitation of the role of the Assembly in facing world problems. History and humankind will make us accountable for actions, not simply for declarations. Crying over the millions who have died from this pandemic and feelings of compassion for the millions who are afflicted by it will not be consolation. If United Nations declarations are not implemented, then sick people will not be able to obtain necessary care or treatment.

As part of the international community, we in the Libyan Arab Jamahiriya want to protect our people from the dangers of this pandemic by providing all the necessary care, as well as prevention and respect for the Islamic religion, which has protected us from this horrible disease.

But criminals and evil hands have brought us tragedy. More than 400 children, from 2 months to 14 years old, have become victims. They were purposely injected with the HIV virus, and a great number of them died. Justice authorities in our country have been looking into this terrible crime for the past two years and will decide, through justice and integrity, what to do with those who have encouraged and committed the crime and with their motives.

In conclusion, I wish to thank the Secretary-General for the important role he is playing in mobilizing all potentialities to deal with this disease. We welcome the creation of the global fund for AIDS; we think it should be under the supervision of the World Health Organization in order to ensure transparency, considering the competence of that organization.

The Acting President (*spoke in French*): I now give the floor to Mr. Tengiz Tsertsvadze, Head of the Supervisory Board, Scientific Centre for Infection Pathology, AIDS and Clinical Immunology of Georgia.

Mr. Tsertsvadze (Georgia): On behalf of Government of Georgia, I would like to welcome the United Nations initiative to organize this special session of the General Assembly on HIV/AIDS. We believe that this session will serve as a milestone and have a significant impact on prevention and control of the HIV/AIDS epidemic worldwide.

The post-totalitarian period has been very hard for Georgia, as for all the former Soviet countries. Despite the difficulties, Georgia has embarked upon the road of democratic reform. While this road is not easy, we are very optimistic and believe in a better future.

According to expert assessment, the health care system is one of the sectors where the reform process has been implemented successfully. Of course, this would not have been possible without the generous support of the international community.

At present, the number of reported HIV/AIDS cases in Georgia is 229. The number of people living with HIV/AIDS is estimated to be approximately 1,500. Even though Georgia is currently among the countries with low HIV/AIDS prevalence, we are experiencing a small but steady increase in the number of HIV/AIDS cases. The experts predict that unless urgent preventive measures are undertaken immediately, we can expect a rapid spread of HIV/AIDS in Georgia in the near future. This dire prognosis is based on the analysis of the current epidemiological situation in Georgia and neighbouring countries, all of which are experiencing widespread drug abuse, increased migration, and lack of disposable medical instruments and diagnostic test systems, among other factors.

Currently, Georgia is still within the so-called "window of opportunity" for preventing the massive spread of HIV/AIDS. However, there are many challenges to be faced and overcome. The Government of Georgia is well aware of the great importance of the HIV/AIDS problem and considers it one of the top priorities for its health care system.

A law on AIDS prevention was formulated and approved by the Georgian Parliament as early as March 1995. The National AIDS and Sexually Transmitted Disease (STD) Control Commission, with membership from different ministries, is responsible for the formulation of national AIDS control policy and for ensuring effective multisectoral collaboration. There is a well-established HIV/AIDS control service in Georgia, directed by the Georgian Scientific Centre for Infection Pathology, AIDS and Clinical Immunology in Tbilisi. Since 1995, the National HIV/AIDS STD Prevention and Blood Safety Programme has been implemented in Georgia.

All modern HIV/AIDS diagnostic and treatment methods are available. However, due to the lack of necessary resources, we are not able to provide specific antiretroviral treatment for all AIDS patients. For this reason, we believe that the inclusion of Georgia in the list of countries that are eligible for a considerable discount in the price of specific anti-HIV medicines would be extremely helpful.

A national multisectoral HIV/AIDS programme was developed to facilitate the full mobilization of governmental and non-governmental organizations and the entire Georgian society to address this problem. However, we still cannot succeed without considerable assistance from international organizations.

In this regard, we are grateful to the Joint United Nations Programme on HIV/AIDS and the United Nations Children's Fund for their significant and continuous support. With their financial and methodological assistance, we have been able to conduct a comprehensive situation and response analysis and have developed a strategic plan for HIV/AIDS for the next five years. We have also had small-scale projects with the United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund and the World Health Organization, but, unfortunately, the involvement of the relevant agencies in anti-HIV/AIDS activities is not significant in Georgia. Also, we collaborate with the United States Agency for International Development and its affiliated organizations. We hope that such collaboration will be enhanced in the future.

In conclusion, I would like to express our hope that this special session of the General Assembly will not only develop new, more effective policies and approaches to HIV/AIDS prevention and control worldwide, but also address the needs of particular countries, including Georgia. We have great confidence in international collaboration and assistance for the defeat of AIDS. On our part, let me assure the Assembly that the Georgian Government will do its best to implement the decisions and recommendations of this special session.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Naste Čalovski, chairman of the delegation of the former Yugoslav Republic of Macedonia.

Mr. Čalovski (Former Yugoslav Republic of Macedonia): I would like to join the previous speakers who have congratulated Mr. Holkeri on his election as President of the General Assembly at this twenty-sixth special session on HIV/AIDS and to express the hope of the Republic of Macedonia that the declaration of commitments that the Assembly is going to adopt will be an important part of the efforts of our Organization to fight the epidemic and a crucial step in raising awareness about the disease.

Before I state the views of my Government, let me stress the important role and efforts of the Secretary-General, Mr. Kofi Annan, who has done so much for the success of this initiative. I would also like to mention the contribution of my colleagues, Ambassador Wensley of Australia and Ambassador Ka of Senegal, for their successful preparation of this special session.

The epidemic of HIV/AIDS that we are facing globally has acquired such catastrophic proportions that we have to respond together with a very strong determination and sense of urgency to fight it. The Governments, the private sector and non-governmental organizations should join all their forces for a massive mobilization against the epidemic. In this respect, we share the view of the Secretary-General that "the world has the resources to defeat this epidemic if it really wants to". We hope that that will happen. The Republic of Macedonia will make its contribution to this common endeavour against HIV/AIDS.

HIV/AIDS in the Republic of Macedonia is a relatively new phenomenon. However, there are signs and factors favourable to the spread of the disease. The first HIV-positive case was registered in 1987 and the first AIDS case in 1989. In April this year, the number of officially registered HIV/AIDS cases was 56, representing 40 cases of AIDS and 16 cases registered as HIV-positive. The number of people who have died as a result of AIDS is 36 out of 40. However, this data does not reflect the real situation: 99 per cent of those registered as HIV-positive came to the hospitals by themselves because of health problems related to the infection.

The disease in our country has been spread by heterosexuals and heroin users. Vertical transmission has also been detected. The ages of most of those infected are between 20 and 29. Males and females alike are affected. The Republic of Macedonia is at the crossroads of the Balkans, as members are aware. We are continuously fighting against the illegal traffic in drugs, small arms and light weapons, and people, now with Albanian terrorists. All this is good grounds for the spread of this disease.

Since 1997, the national HIV/AIDS programme has been implemented through the Ministry of Health, mainly oriented to address the health aspects of HIV/AIDS. The Ministry of Health has established a National AIDS Commission. It is entrusted with the implementation of the professional side of the Programme for the Protection of the Population of Macedonia from AIDS. The National HIV/AIDS Commission, together with the United Nations agencies accredited in the country and organized into a United Nations theme group, has been assigned the

responsibility to develop and implement a comprehensive multisectoral national strategic plan for the next three to four years.

This programme is a continuation of the intensive efforts to implement measures and activities aimed at preventing and wiping out HIV infections and AIDS in Macedonia, applying attitudes and guidelines recommended by the World Health Organization, the United Nations Children's Fund and other relevant United Nations organizations. Measures and activities undertaken to apply the programme are the following: the establishment of a system of epidemiological investigation and surveillance; laboratory research; the education of health workers; and health education for the whole population, especially for the group of people with risky behaviour. The Republic of Macedonia collaborates closely with neighbouring countries to monitor the progress of the HIV threat on a regional basis.

The preparations for this session have clearly demonstrated that the implementation of the targets adopted at the United Nations Millennium Summit is imperative to the international community. There is no doubt that prevention must be the mainstay of our response; that the care, support and treatment must be effective; and that we have to pay special attention to the vulnerable. All efforts against the HIV/AIDS epidemic are important at the national, regional and global levels and strong leadership at all levels of society is essential. We place high hopes in the implementation of the declaration we are going to adopt and in the effectiveness of the global fund on AIDS and health proposed by the Secretary-General.

Let me conclude this statement by stressing that our battle against HIV/AIDS should be seen as an important part of the battle against poverty, for development, that unprecedented mobilization of resources is needed and that global response and solidarity are essential.

The Acting President (*spoke in French*): I give the floor to the representative of the Secretariat for some information.

Mr. Perfiliev (Director, General Assembly and ECOSOC Affairs Division): I would like inform members that the draft resolution submitted by the President of the General Assembly entitled "Declaration of Commitment on HIV/AIDS" is being distributed now in the General Assembly Hall. The text of the draft resolution will be available in all languages in the delegation boxes tomorrow morning. However, if delegations so wish, the language versions may also be picked up tonight in Room S-2925, in the Secretariat building, in the General Assembly and ECOSOC Affairs Division.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Mohammed Rashid Al-Absi, Chairman of the delegation of the United Arab Emirates.

Mr. Al-Absi (United Arab Emirates) (*spoke in Arabic*): On behalf of the delegation of the United Arab Emirates, it is my honour to congratulate the President on his assumption of the presidency for the special session of the General Assembly on HIV/AIDS.

I wish to take this opportunity to thank and express appreciation to our Secretary-General, Mr. Kofi Annan, and to all those involved in United Nations programmes for their efforts to mobilize all possible international efforts to confront this dangerous epidemic.

Holding this important session reflects the growing awareness of the international community of the magnitude and dangers of this mortal disease; its devastating repercussions are not limited to the fact that it is a fleeting health problem. It is a true human global scourge that imperils the future of family, societies and States, and it jeopardizes human, social and economic development efforts.

It is a source of concern to see that the official morbidity statistics have been growing every year. They show that at the end of last year about 36 million people were infected and that 95 of the countries affected are developing countries. This disease was detected in 1981, and it has caused the death of about 22 million people, most of whom are women and young people living in deplorable conditions. Despite the progress we have seen in scientific research in trying to combat the virus, the scourge is still with us.

The growing seriousness of the problem, the spread of this disease and the fact that there is a close link between its spread and the scourges of poverty, ignorance, conflicts, drugs, social and gender discrimination and the lack of antiretroviral drugs, particularly in the developing countries, have all but prevented most of these countries from individually confronting this dangerous scourge. This means

primarily that we must have a universal political commitment based on a real international partnership involving concerted strategic approaches to help developing countries gain access to medical technology, vaccines, drugs and medicines in order to deal with this virus at affordable prices.

This approach could help provide the necessary treatment to patients. In this context, while we pay tribute to the efforts made by international agencies and organizations — including the World Health Organization, the United Nations Development Programme and UNAIDS — in trying to combat HIV/AIDS, we also appeal for the development of resources, capacities and coordination mechanisms from these organizations so that we can see better mobilization and incorporation of their efforts and programmes.

The United Arab Emirates is aware of the need to protect our citizens' health, given that its citizens are its true national wealth. We have taken all precautions to detect the disease at an early stage and to provide preventive methods and information to people to help them confront the disease and to contain it despite the limited number of infections. We have also established a comprehensive national programme with an ad hoc budget. This programme carries out prevention and early detection services and provides access to the drugs people need. We also follow ongoing international research on the disease and draw on that research as well as encourage national production of drugs to combat it.

We have reviewed our laws and local legislation to guarantee all human rights to the infected, particularly providing access to health care, treatment, social services, education and employment, without any discrimination at all against them.

We have also provided education and informational and training programmes to teach people about this disease, its causes and the means to stop its spread. At the regional and international levels, the United Arab Emirates has actively participated in all meetings, conferences and scientific seminars to consider all aspects of this disease. We have also organized three world conferences in our country.

In conclusion, we pin great hope on current scientific research to discover an effective antiviral vaccine. However, we hope that the efforts of the international community will lead to the adoption of a strategy and a clear plan of action, one that will live up to the aspirations of all countries and that aims at combating this disease, reducing the number of its victims and at providing drugs and treatment to all those afflicted by it.

The Acting President (*spoke in French*): I now call on Mr. Viktors Jaksons, adviser to the Minister for Welfare and Chairman of the delegation of Latvia.

Mr. Jaksons (Latvia): First of all, I would like to commend the Secretary-General for the comprehensive, action-oriented report and to reaffirm our support for it. We particularly recognize the statement contained in the draft declaration of commitment on HIV/AIDS that respect for human rights reduces vulnerability to HIV/AIDS.

We are aware that public health is one of the most important requirements for successful social and economic development, while HIV/AIDS is recognized as a major threat.

HIV/AIDS is now a classic, modern health issue, closely connected with individual and collective human behaviour, strongly influenced by broad social and economic forces and linked particularly closely to social discrimination. HIV is a greater risk for those people and groups who are already marginalized, stigmatized and therefore discriminated against within the larger society. We recognize that development, health and human rights are correlated issues.

Since regaining independence, Latvia, together with other Baltic Sea countries, has been facing common problems in the area of health in general, and HIV/AIDS in particular. The region, which during the last four years was characterized by a low prevalence of HIV, is facing an extremely steep increase in the number of new infections.

HIV does not respect borders. The epidemiological situation in one country will affect other countries in the region, and it requires concerted action. As a result of consultations, called the Baltic Sea initiative on HIV/AIDS prevention, the Governments of the region declared their commitment to the implementation of the Baltic Sea action plan, a set of urgent interventions to prevent a widespread HIV epidemic in the region.

Acknowledging that non-discriminatory legislation and protective laws create a supportive legal and political environment for the success of public

health development and national HIV/AIDS prevention efforts, the Latvian Government revised and adopted an adequate legislative infrastructure. Three basic acts — a law on medicine, a law on epidemiological safety, and governmental regulations — ensure that every member of society, including people living with HIV/AIDS, is entitled to access to information and education on health; that HIV testing of an individual is voluntary and confidential; that an infected individual may work at any trade or profession; and that antiretroviral therapy for people with HIV infection is available free, so far.

From the very beginning, HIV prevention in Latvia has been developing in the mainstream of health policy development. Ongoing health care reform is advanced in collaboration with, and with the assistance of, United Nations institutions and programmes. Since 1997, the United Nations resident coordinator in Latvia has chaired the United Nations theme group on HIV/AIDS, in which all relevant ministries and non-governmental organizations participate. The theme group has become the de facto national forum for the exchange of information and operational coordination.

We will continue the development and implementation of the multisectoral strategy for combating HIV/AIDS, focusing on the specific dimension of human rights in our efforts to limit the spread of HIV/AIDS.

The meeting rose at 8.50 p.m.